DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02369 02365 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) Month Year Doy Elizabeth Allen Ruth 1969 February 4 RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS. lost birthdoy) DAYS HOURS Female Negro 12-23-1910 and campletely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED U.S.A. WIDOWED [7] Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if refired.) give street oddress)
Frederick INDUSTRY carban Frederick 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER executed odmission) STATE 13b. COUNTY NO T remave in any 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First The law requires that the death certificate by please Henry Mary NMN Harbert physician and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address I (If yes give war or dates of service) Yes, no, or unknown) ar remaval, Street

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH Virginia Imith 35-36-35-36-36 215-14-2934 signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY inashire IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stoting the underlying couse ( second PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the l Health prior tab has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20e. AUTOPSY? CAUSES OF DEATH? NO X YES [ O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote City or Town While Not while at work 220. I certify that (I) (this hospital) attended the deceased from HARCH, 1965, to FE13, 25, 1969, that (I) (we) last saw the deceased alive on Feb. 25 1969, and that in (my) (per) apinion death occurred on the date and hour and from the be retained couses stated abave, (1) (we) (did) (did not) view the bady after death. 22h. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. - DEGREE PHYS director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) R.L. Michels MD Frederick Medical Center Fred . Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b, DATE (County) 23o. BURIAL CREMATION 3-1-1969 Fairview Frederick Fred. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 Charles 1969 30M REV. V26 E. Hicks. 111 Frederick. Md

MARYLAND STATE DEPARTMENT OF HEALTH

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20. AUTOPSY? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) County Stote Inquiry and in my apinion Undetermined manner ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER X NAME (Type) Robert R.R. Roberts M.D. ADDRESS(Street, city, town, or county) Frederick. Md 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) Burial (Specify) 2-28-1969 Bartensville Bartonsville Fred. Md 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE C.E. Hicks, 111 Frederick, Md DATEMAK 1969

02366

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

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2d. HOUR

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directar, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicionwand completely filled in director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate—be Page 4 may be retained by the hospital ar attending physician.

executed within 24 haurs after death.

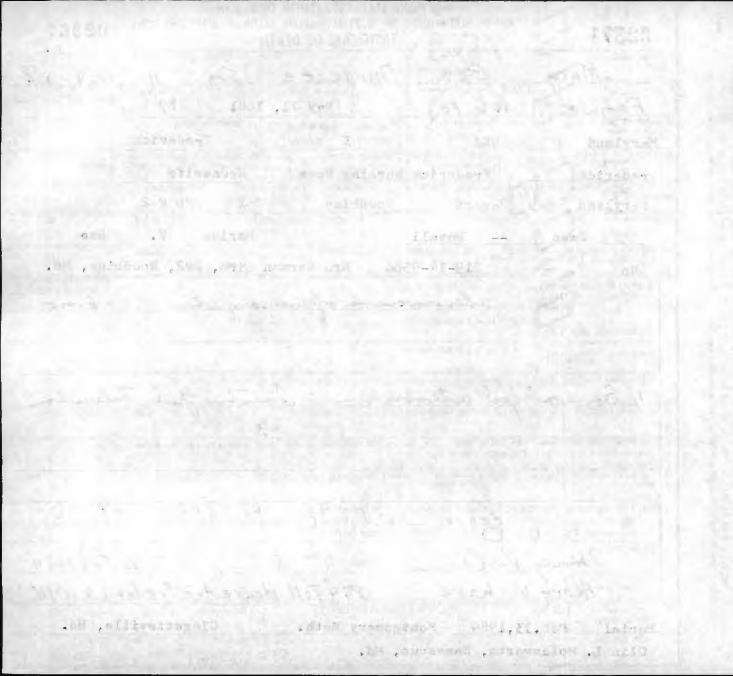
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02367

McChamber Joseph

Create to a sale		CEKHIFI	LAIE OF DEATH				
1. DECEASED-NAME Fin	rst Middle		Lost	20. DATE OF DE			2b. HOU
Mary Mary	1 Etta	Bur	dette	Fob	Month Doy	1969	805
3. SEX	4. RACE		S. DATE OF BIRTH	6.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 H
Female	white		May 11, 1	1881	lost Brandoy)	MONTHS DAYS	HOURS N
7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DE	ATH		
country) Maryland	USA	WIDOWED		Fre	ederick		
IO. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL O	R INSTITUTION (IF I	not in hospital 120. US	UAL OCCUPATION (K			BUSINESS OR
Frederick	give street oddress) Frederick	. Nursin	g Home during	Housew:	even if retired.)	INDUSTRY	
	eosed lived, if institution: Residence bef		TOWN 13d. INSIDE CITY	1001 01112	AND NUMBER		
Maryland	Howard	Woodl	oine YES 🗆	NO X RI	D # 2		
14. FATHER'S NAME First	Middle Lo	st 1	S. MOTHER'S MAIDEN NAME	First	Middle		Lost
Owen		1		Marian	V .	Rae	
160. WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes go	an super are alested of employed		INFORMANT		Address		
No	219-14-9	9586	Mrs Herman	Sirk, R	2, Wood	bine, l	Ad.
18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), one	d (c).)	,				MATE INTERVAL DISET AND DEATH
PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (0) adamore	wennen	a of areen	dury Colo	24	-	no-
1530	DUE TO, OR AS A CONSEQUENCE		0	7			
Conditions, if any, which gov	e) //3						
rise to immediate couse (a stating the underlying cous		OF					
last.	(c)						
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART I(o)		
= 11 Sever	alizar ateri	order	ni 21 Am	asters -	Lel Z	Lecen	l -
190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	20o. AUTOPSY?	20b. IF X	, WERE FINDINGS CO	ONSIDERED IN CI	ERTIFYING
190. DATE OF OPERATION 19			YES NO	CAUSES OF	DEATH?		
- Internation with dispersion		21c. H	OW INJURY OCCURRED (Ent	er noture of injury in	Port I or Port 2, I	tem 1B.)	
OR CONTRIBUTING CAUSE OF D		reor 19					
ZIB. HOURT OCCURRED   ZI	IE. PLACE OF INJURY ( AT HOME, FARM, STREE OFFICE BUILDING, ETC.	ET, FACTORY, 21f. LO	OCATION Street or R.F.D. N	o. City or	Town	County	Stote
While Not while of work	forner antono, sic.						
22a. I certify that (I) (	this haspital) attended the dece	eased from	an 35 , 19.	67, to re	D11 , 19	67, that	(1) (we) 1
saw the deceased	alive an Feb 10	_19 <u>67</u> ,4n	d that in (my) (aur) ap	oinian death acc	urred an the da	te and haur	and from t
22b. SIGNATURE	ve, (1) (we) (did (did nat) view t	the bady atter	death.		1 00 4		
220. SIGNATURE 9.	. V. M.	DEGR	ATTENDING PHYS.	MED. S	rar E	DATE SIGNED	010
22d. PHYSICIAN'S	ry Vi Chaze	DEGR	22e, ADDRESS	DIRECTOR P	HYS. 4	Feb 1	767
NAME (Type) Henr	y V. Chase	5	04 Toll H	ou co Av	· Frelo	1/6	Md.
		OF CEMETERY OR		23d. LOCATION (		(County)	(Stote)
REMOVAL (Specify)		ntgomer			gettsvil		
24. FUNERAL DIRECTOR	ADDR	RESS	2So. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S		•
	Lesworth, Damasc	us, Md.	-	1 7 4000			100



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02372 CERTIFICATE OF DEATH 02368 DECEASED-NAME First Lost 2b. HOUR a. Middle 2g. DATE OF DEATH death. after death (Type or print) erd February Month C. Burdette Vernon 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years birthdoy) IF UHDER 1 YEAR IF UNDER 24 HRS. December 29,1902 White Male be executed within 24 haurs 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED please remave carban papers. I, and in any event, within 72 to Maryland and completely filled in U. S. A. Frederick DIVORCED [ WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress)
Frederick Memorial Hospital Retired Carpenter INDUSTRY Frederick 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE NO S Route 6 YES Route 6 Marvl 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Last Middle Sulcer Bertha Charles Burdette law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) Mrs. Mamie Burdette, Route 6, Frederick, Md. cremotion, or removal, 211, 10 2678 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEH ONSET AND DEATH permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove signed by the burial-transit p rise to immediate cause (o), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior tal 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? has CAUSES OF DEATH? YES -NO T TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TO, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram 19 19 18 ta 19 69, that (1) (we) last saw the deceased alive on 19 69, and that (m) (aur) apinion death accurred an the date and haur and fram the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 50 Feb. 8. 1969 DEGREE DIRECTOR J. Riddick-MD- or 22d. PHYSICIAN'S S 22e. ADDRESS NAME (Type) J.R. Poirer, M. D. Frederick Medical Center, Frederick, Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

Rest Haven Mem. Gardens

10/ ADDRESS tadeles

M. R. Etchison & Son, Frederick, Marylandau FFB

(County)

Frederick

25b. REGISTRAP'S SIGNATURE

Hansonville

25a. REC'D BY REGISTRAR

VR A15

REMOVAL (Specify)

24. FUNERAL DIRECTOR

Feb.10.1969

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending processing and completely filled in by the fineral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remained and in any event, within 72 hauss after death.

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VR A15 3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02369

	CEASED-NAME ype or print)	First W.		Middle <b>Leslie</b>	Bu	urg <b>er</b>		2a. DAI	TE OF DEATH Month	16 Do	y 69 Year	26. HDUR I 3:45 M
	Male		4. RACE	hite		S. DATE OF	7-1893		6. AGE (III	hoay) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS. HOURS MIN.
count	IRTHPLACE (State or find)  Md.  ITY OR TOWN OF DEAT		b. CITIZEN OF WE		WIDOWE		ORCED	Fr	Y OF DEATH rederical TION (Kind of v	C	LIOL HUID OF	Md
	Frederic	ζ.	give s	street oddress) rederick Ni	ırsir	ng Home	Ret	ired	grocer	if retired.)	INDUSTRY	F BUSINESS OR
odmis	USUAL RESIDENCE (Whosion) STATE Md.	ere deceosed	13b. COUNTY -	Frederick		or town <b>lerick</b>	YES N		e. STREET AND I	NUMBER Ta Ave	enue	
	(			d Burger		1S. MOTHER'S A		First <b>Netti</b>	e Ire	Middle ne	Benneti	Lost
160. Ye	WAS DECEASED EVER I	N U.S. ARMEI (If yes give wor WWar	FORCES? or dates of service)	16b. SOCIAL SECURITY N 215-26-15		r. INFORMANT	ce M.	Burge	r-214 N	Address orva	Ave Fre	Md. ederick-
	18. CAUSE OF DEATH PART 1. DEATH V  Conditions, if ony, where to immediate costating the underlyinast.	VAS CAUSED I IMMEDIATE nich gave ) ause (a).	CAUSE (a) DUE TO, OR A	PARKINSON  S A CONSEQUENCE OF  CEREPRO		DISEA	se Eiùser	EROS	is		DETWEEN O	MATE INTERVAL ONSET AND DEATH TEAKS
RTIFICATION	19a. DATE OF OPERATIO	N 195. CO		TING TO DEATH BUT NO		TO THE TERMIN.  200. AUT  YES	OPSY?	20		FINDINGS (	CONSIDERED IN C	ERTIFYING
EDICAL	2 fa. ACCIDENT WAS ( □ OR CONTRIBUTING □ C (If either, natify med)	AUSE OF DEATH		Manth Day Year 19		HOW INJURY OF			injury in Part 1	or Part 2,	Item 18.)	
	21d. INJURY OCCURRE While Not while of work of work			AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	1	LOCATION Stre			City or Town		County	Stote
	saw the dec	eased alived above, (	e an	ended the deceased	ody ofte	and that in (n	<u>ıx)</u> (aur) opi	inion dea	th accurred	on the do	_69 , that ate and hour	ond fram the
	22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)	my G	1. Sm	Smith-Jr		GREE ATTENDI PHYS.	DRESS D	MED. DIRECTOR	STAFF PHYS.	Feb	DATE SIGNED 17-19	
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA		23c. NAME OF CI	METERY D	R CREMATORY		23d. LO	CATION (City or ederick	Tawn)	(County)	(State)
24. FI	UNERAL DIRECTOR TARGET	Pura	and , -		Whee	tmore		Bredsig	AR 1969°.	REGISTRARS	SIGNATURE 1)	edge.

LOSSIE PROFILE TO LOSSIE MALE OF SECURITION OF THE PROPERTY OF THE PROP Diller Entrost

02374 CERTIFICATE OF DEATH 1. DECEASED-NAME Anthropist G. Middle Lost 2a DATE OF DEATH requires that the death certificate be executed within 24 haurs after death Month 5 (Type or print) Feb. Arthur Buxton- also C. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 65t birthdoy) White Jan. 20- 190h Male campletely filled in by 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED 🔣 NEVER MARRIED country) Md. U.S.A. DIVORCED [ Frederick WIDOWED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done give street address)
Frederick Mem. Hospital during most of working life, even if retired ) Frederick 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c. CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY 236 Dill Avenue Md. YES 🕮 NO Frederick Frederick Middle Buxton lost 15 MOTHERS MAIDEN NAME F'est 14. FATHER S NAME VIII firest Middle 9 the attending physician and sit permit. Then please re Grace Anna 166 SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) crematian, ar removal. Mrs. Helen C. Buxton-236 Dill Ave.-Frederick-214-10-1590 CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c) PART F DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave; rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes by the hospital ar attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION as the prior tak O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TY NO F USe Health p 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Nat while at wark TENDING 22a. I certify that (1) (this haspital) attended the deceased fram 1957, to 1957, to 1969, that (1) (we) last saw the deceased alive an 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained causes stated above, (1) (we) (did) (did nat) view the bady after death. filed with 22b SIGNATURE ATTENDING STAFF PHYS. DEGREE director, page Shauld be filed DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) shauld 23d LOCATION (City or Town) 230 BUR AL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY Feb. 7-1969 Mt. Olivet Cemeterv Frederick, Md. 21701

02370

126 KIND OF BUSINESS OR

Troxell

Co.Hoads

69 Year

IF LINDER 1 YEAR

Day

2b HOUR a

5:12 M

IF LINDER 24 NRS.

NOURS

Last

Md.21701

BETWEEN ONSET AND DEATH

State

(Stote)

County

22c DATE SIGNED

(County)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

24 FUNERAL DIRECTOR Electron & Son

VR A15 (4) 30M REV 1/68

ADDRESS The Emero Frederick, Md. 21701 250. RECEIVE REGISTRAR 9652Sb REGISTRARS SONATURE DATE



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after death.

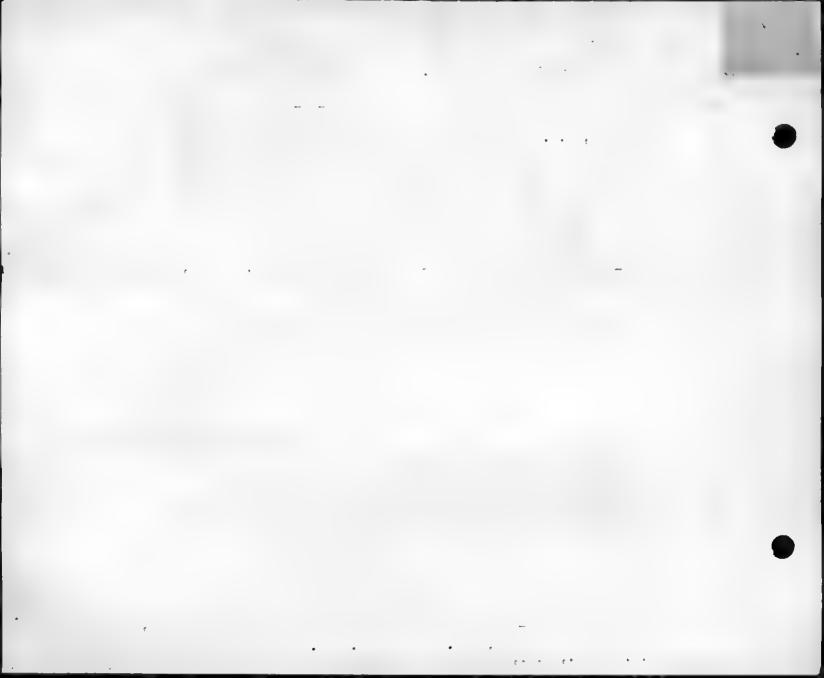
02371

CERTIFICATE OF DEATH

			Middle M •		Lost Ca <b>lla</b> n		2o. DATE C	4.4	Yeor	26 HOUR 6 39 AN
3 SE	X	4 RACE			S. DATE OF R	IRTH		6 AGE ( n years	FUNDER YEAR	IF UNDER 24 HRS.
F	'emale		ian					rost byrthdoy)	MONTHS CAYS	HOURS M.H.
				8. MARRIEI WIDOWEI	NEVER MA	RRIED RCED		F DEATH		Md
		11 NA	WE OF HOSPITAL OR INST	noria	not in hespitel	taquing me	L OCCUPATIO	N (Kind of work done Meneven fretired)		
130	HISHAL DESIDENCE (Where	deceased lived, if institute	n Residence before				MiTS? 13e S	TREET AND NUMBER		
		and 136 COUNTY Mc	ntgomery					+Ol Grosvne	r Place	
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			TOD SOCIAL SECURITY N			onet F	ردري		n Coiti	• DP
٦	18. CAUSE OF DEATH (Er	nter only one couse per line	for (o) (b), and (c))		i · raig	3160 20	o OCLULAR	an, verigace	APPROXIM	ATE INTERVAL SET AND CEATH
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CERTI	21a ACCIDENT WAS UND	ERLYING 216 TIME OF	INJURY	21c			nature of ini	iry in Part 1 or Part 2	tem 181	
DICAL		examiner) P.M.	Manth Day Year					,	,	
	21d INJURY OCCURRED While Not white	21e. PLACE OF INJURY (	AT HOME, FARM, STREET FACTO DEFICE BUILDING FTC	ORY,) 21f	LOCATION Stre	et ar R F D Na	Cit	y or Tawn	County	State
		  } (this hospital) atte	aded the decease	d from	2/6	7 19 (	9 tn	9/22 10	1. G that I	Th /well act
	saw the deceas	ed alive on	12.3	69, a	nd that in (m	y) (our) opii	nion deoth	occurred on the da	te ond hour o	nd fram the
		ibove, (I) (we) (did) (	(id not) view the b	ady after	death.			Las		
	220 SIGNATURE	mk	Turne	DEG	REE PHYS	NG M M		STAFF PHYS	DATE 5 GNED	
	22d PHYSICIANS / F	MANK	Dos kla	120	22e_ADI	DRESS AL	ont.	laire a	me tro	D. Wa
23a		23b DATE					23d LOCAT	ON (C ty ar Tawn)	(County)	(State)td.
24	212 22 22						Colma	r Panor, Pr	ince Ge	orres Co
	CONTRACTOR LANGE STATE	onle Cone T	TO AUDIKEDO	1.1.		25a 25C D 21	TATAL SUPERAR.	A JAZYO REGISTRATES	STORMAN THE PLAN AND	4 1
	160 (17 130 oodmin 14. 1 16a. Y	Female  70 BIRTHPLACE (State or foreign the state of the	Aurelia  3 SEX Female Caucas 70 BRITHPLACE (State or foreign FYMESHINGTON, D.C. 10 CITY OR TOWN OF DEATH Frederick 1130 USUAL RESIDENCE (Where deceased lived, if institute odmission) STATE Maryland 114 (COUNTY Mo 115 (COUNTY Mo 115 (COUNTY Mo 1160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 118. CAUSE OF DEATH (Enter only one couse per line PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO, OR AS CONDITIONS to medical evamines 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 2110 INJURY OCCURRED While Not while at work 2120. I certify that (1) (this hospital) after saw the deceased dive on couses stoted above, (1) (we) (did) (1) 220 BURIA, CREMATION REMOVAL Specify) 230 BURIA, CREMATION REMOVAL Specify) 220 DATE 220 BURIA, CREMATION REMOVAL Specify) 220 BURIA, CREMATION REMOVAL Specify) 220 DATE	Aurelia M.  3 SEX Female Caucasian 76 BIRTHPLACE (State or foreign Withington, D.C. The Cilizen of What Country? Withington, D.C. United States 10 CITY OR TOWN OF DEATH Frederick 11 NAME OF HOSPITAL OR INST 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) STATE Maryland 14. FATHER'S NAME First Middle Last 150. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (It yes give we or detect of service) 16. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to 'm mediate couse (o) stating the underlying cause (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PER  21d ACCIDENT WAS UNDERLYING (if either, not fy medical examiner) P.M. 199 21d INJURY OCCURRED (I) (this hospital) attended the deceased so we the deceased alive on couses stoted above, (I) (we) (did) (a) did not) view the b  220 PHYSICIANS NAME (Type) F. R. A. R. D. A. R. D	(Type or point)  Aurelia  M.  3 SEX Female  Caucasian  70 BIRTHPLACE (Store or foreign POURS hington, D.C. United States  Widower  10 (ITY OR TOWN OF DEATH Frederick  11 NAME OF HOSPITAL OR INSTITUTION OF  Frederick  130 USUAL RESIDENCE (Where deceased lived, if institution Residence before oddinession)  STATE Maryland  14. FATHER'S NAME  First  Middle  Lunkey  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate couse (o) stating the underlying cause of cause (o)  Stating the underlying cause of Conditions on the underlying cause of Ity of the Conditions of the United States of Ity of the Conditions of the United States of Ity of the Conditions of the United States of Ity of the Conditions of the United States of Ity of Ity of the Conditions of the United States of Ity o	(Type or pnnt)  Aurelia M. Callan  3 SEX Female Caucasian 7.6 CHIZEN OF WHAT COUNTRY? WIShington, D.C. United States Widshington, D.C. United States United States United States Widshington, D.C. United States Widshington, D.C. United States United States Widshington, D.C. United States Widshington, D.C. United States Widshington, D.C. United States United States Widshington, D.C. United States United States United States United States Widshington, D.C. United States United St	Aurelia   M.   Callan	Aurelia   M.   Callan	Callan   Manch   Doy	Aurelia   M.   Callan   Month Doy   People

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in director, page 3 should be detached for use as the burial transit permit. Then please remove carban papers, shauld be filed with the State Dept, of Health prior to burial, cremation, ar removal, and in any event, within 72 his **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 2<sup>3</sup> Page 4 may be retained by the haspital ar attending physician.

VR A15 124



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02372

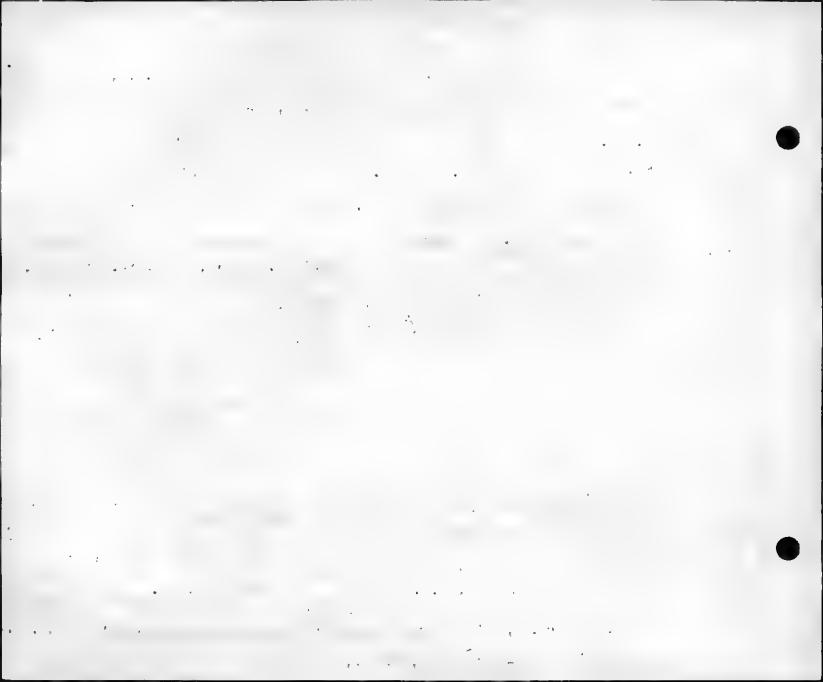
CERTIFICATE OF DEATH

				,	LIXIII	ICAIL OI	DEAL	11						
	CEASED-NAME ype or print)	First		Middle		Lost		20	DATE OF		Dov	Yenr		P.
		Florence		E.		Collis				Feb.		1969		30M
3 SE		4. RACE	100			S. DATE OF B	.,,,,,,			6. AGE (in years last bytheay)	N	FUNDER I YEAR WONTHS DAYS	HOURS	24 HRS Min
	Female		Whit					1922		1 /	YRS.			
Za. I	BIRTHPLACE (State or I	areign 7b. CITIZEN	OF WHAT COI	UNIRY?		ED 🔼 NEVER MA	*Surrent **	y. co	OUNTY OF	main ederick				
			USA	HOCOUTAL OR LANC	WIDOW		RCED	HEHAL DE				LIAL WIND OF	DI IEMPEE	Md.
	Mt. A1ry		give stressa	ddreMain	St.	[If not in hospitol	durir	ig most of	louse	(Kind of work d life even if retir WIII C	ed)	12b. KIND OF E INDUSTRY HO		UR
13o. odm	USUAL RESIDENCE (Wission) Maryla	nere deceased lived, if	institution: Re INTY reder			OR TOWN	13d INSIDE	NO Jag	13e STF	REET AND NUMBE	R			
_			ddle	LCK.	PIT	IS. MOTHER S M	AIDEN NA		-	RFD #	<u> </u>		Lost	
19.1						13, morner 3 m								
160.	_	Ohn H. IN U.S. ARMED FORCES?		Dyche OCIAL SECURITY A	10.	7 INFORMANT		CATH	erine	Addre	iss	(-	ay	
		(II yes give wer or dates of se				Calvi	n L	. Col	lis,	R#3.	Mt.	Airy.	, Md	1.
	18 CAUSE OF DEAT	H (Enter only one couse WAS CAUSED BY: 1MMEDIATE CAUSE (o	No man	(e), (b), and (c).	L	for me	1-	~	,			APPROXIM BETWEEN DI	MATE INTERV HISET AND D	
	Conditions, if ony, we rise to immediate a stoting the underly lost.	hich gove couse (o), DUE To	0, OR AS A CC	ONSEQUENCE OF	otie	cardi	500			hiseuse		6. This	nti	20
~	PART 2 OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING T	<u>O DEATH</u> BUT NO	OT RELATE	D TO THE TERMINA	AL DISEASE	OR CONDI	TION GIVEN	N IN PART 1(o)				
CERTIFICATION	190. DATE OF OPERATI	ON 196, CONDITION I	OR WHICH OP	ERATION WAS PE	RFORMED	20a. AUT		0 🗆		YES, WERE FIND! OF DEATH?	NGS (OI	NSIDERED IN CE	RTIFYING	,
MEDICAL CER	210. ACCIDENT WAS  GRECONTRIBUTING GITTE either, notify med  21d. INJURY OCCURE	CAUSE OF DEATH HOUI	P.M.	nth Day Year 19		: HOW INJURY OF				or Town	ort 2, Ite	em 18.) County	ç	tote
	While Not while at work		CFFICE	BUILDING, ETC.					,	1040	-			
	saw the de	at (I) (fins-hospina ceased alive an— ed above, (I) (199	2//	4	96 Y	and that in (n	ny) (our	opinion	, to deoth o	occurred on th	., 19 <u>/</u> ne dof	e ond hour o	and fro	in the
	22b. SIGNATURE	mes G	7-10	wh-	见	DEGREE PHYS	<u></u>	MED. DIRECT	OR 🗆	STAFF PHYS.	22c. Dr	ATE SIGNED	16	9
	22d. PHYSICIAN'S NAME (Ixpe)	James P.	Kerr,	M.D.		22e. AD	DRESS	Dan	ascui	s, Md.				
230	BURIAL, CREMATION,	23b. DATE		23c. NAME OF	CEMETERY	OR CREMATORY		23	d LOCATIO	ON (City or Town)		(County)	(Stote	)
	REMOVAL (Specify)	Feb.19.	1969	Payne	s Ch	apel Ces			<b>Vear</b>	Ridgewa	y I	Berkele	Y.CV	Va.
24	FUNERAL DIRECTOR	Laward	11/2	EXITY (		•	2So.	EDBA JE	OSTRAIS	64 256 REGIST	RARSS	SIGNATURE	-	
	Brown Fun	eral Home-			W. V	8	DATE							

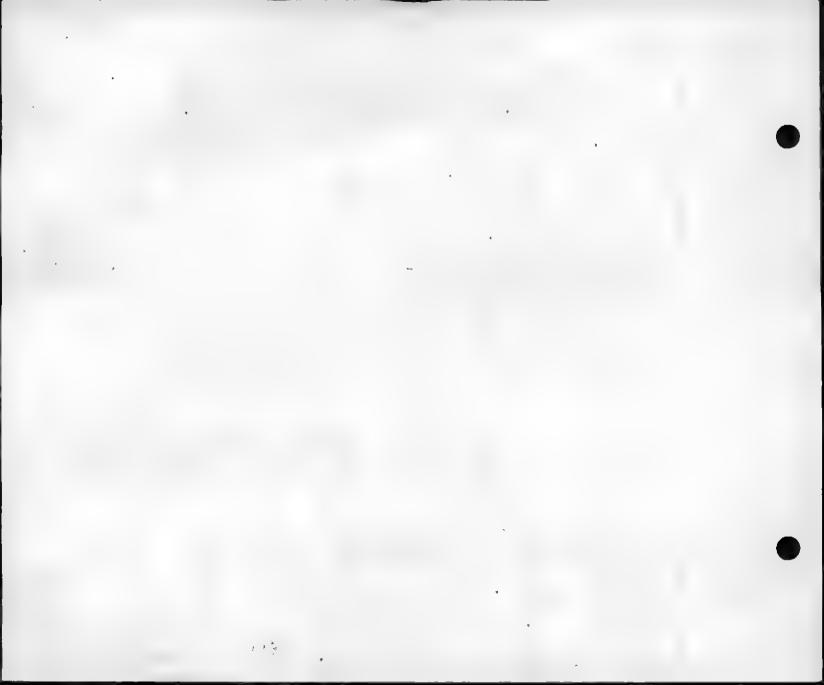
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by-the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.



VR A15ME (SI 10M REV 1/68



02373

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02374

			THICKIE OF DEATH		
1 DECEASED NAME	First	Middle	Lost	2a. DATE OF DEATH	2 HOURY
(Type or print)	Daisy	Bendella	Darr	February 24	1969 9:15
3 SEX	4. RAC	E	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR OF JAIDER 24 HRS
Female		White	February 8	3, 1891 (8 YRS.	MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (Stote	or foreign 75 CITIZ	EN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
virgir	nia US		/IDOWED DIVORCED	Frederick	Md
10 CITY OR TOWN OF	DEATH	11 NAME OF HOSPITAL OR INSTITU		A. OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
Knoxvi		Box 267 - R	loute # 1   during m	est of working life, even if retired )	INDUSTRY
	(Where deceosed lived,	if institution. Residence before 13c	CITY OR TOWN 134 INSIDE CITY I		
odinission) STATE	laryland 135. C	OUNTY FrederickK	noxville YES N	Box 267 -	Route # 1
14. FATHER'S NAME	First	Middle Lost	15. MOTHER'S MAIDEN NAME F	irst Middle	Lost
. A	lonzo F			Unknown	
160 WAS DECEASED I Yeş, po, or unknow	VER IN U.S. ARMED FORCE  (If yes give war or dates of		17 INFORMANT	Address	oute # 1
NO UNKIDW	(1) And Aliza won to digues or	SOLACO	Mr. Millard		nox fille. Md
18. CAUSE OF	DEATH (Enter anly one cau	se per line for (o), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DE	ATH WAS CAUSED BY:  IMMEDIATE CAUSE	(a) Tuste	ema-		4 longs
470	Y	TO, OR AS A CONSEQUENCE OF	0		
Conditions, if ar		(b)			
rise to immedi		TO, OR AS A CONSEQUENCE OF			
lost.	)	(c)			
PART 2. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT B	ELATED TO THE TERMINAL D SEASE OR O	ONDITION GIVEN IN PART 1(a)	
= HYX	releasing (	andia Break	n digerel		
190 DATE OF OPE	RATION 19b. CONDITION	FOR WHICH OPERATION WAS PERFOR	RMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
190 DATE OF OPE			YES NO	CAUSES OF DEATH?	
		TIME OF INJURY		r nature of injury in Part 1 or Port 2,	Item 18.)
	medical examiner)	UR A.M. Manth Day Year P.M. 19			
ZIG. INDUKT OC		INJURY (AT HOME, FARM, STREET, FACTORY	) 21f LOCATION Street or R F D. No.	. City or Tawn	County State
While Not wat work	ork	g or real areas may the			
22a. I certify	that (I) <del>(this hospit</del>	al) attended the deceased f	rom 12/2-8 , 19 6	25, to 2/2, 19	69, that (I) (we) last
saw the	deceased alive an_	(did did not) view the bad	q_, and that in (my) (aur) api	nian death occurred on the do	ite and haur and from the
22b. SIGNATURE	arured above, (i)	Main Selection view the bud	y alter death	00.	DATE CLOUED
11	14 mhas	TI. 44.9		NED STAFF STAFF	DATE SIGNED
22d PHYSICIAN"	1 Cigor	an mil	DEGREE PHYS D	IRECTOR PHYS	(1) 6 P
NAME (Type		CARDENTE	2 Leve	Ellachell 11	Willia.
230 BUR AL, CREMATI	ON. 23b DATE	23c NAME OF CEME	TERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
BUTY SPICE		t	Cemetery		Loudoun Va.
24 FUNERAL DIRECTO				114 14 14 14 14 14 14 14 14 14 14 14 14	7 444 4
M. R. E	tchison & S	The state of the s		00/	nelly Justille
*	and Carlock	i X een ADDRESS	Fred. Md. 250. RECD B	Y REGISTRAR 2Sb REG STRAR S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-removal after death.

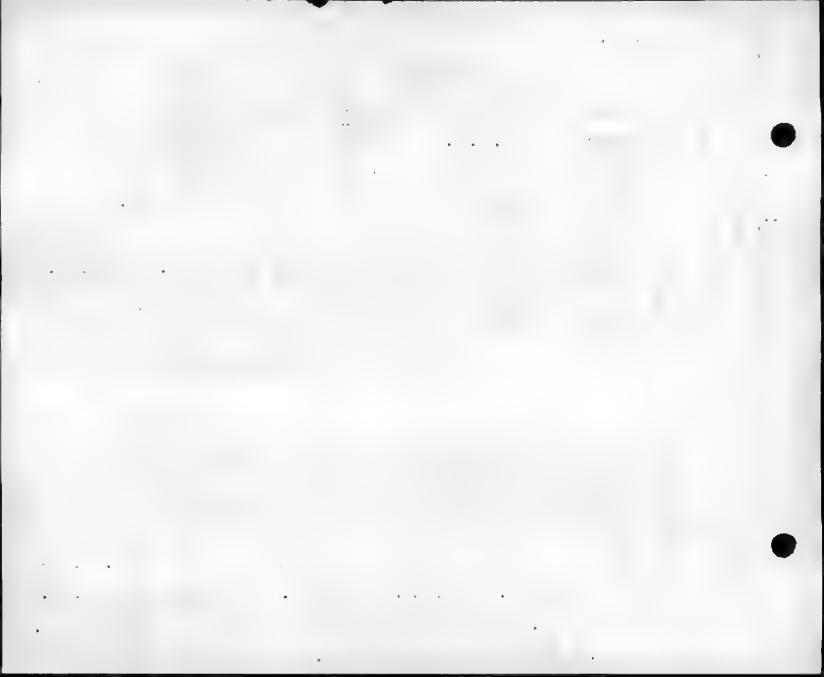
executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be,

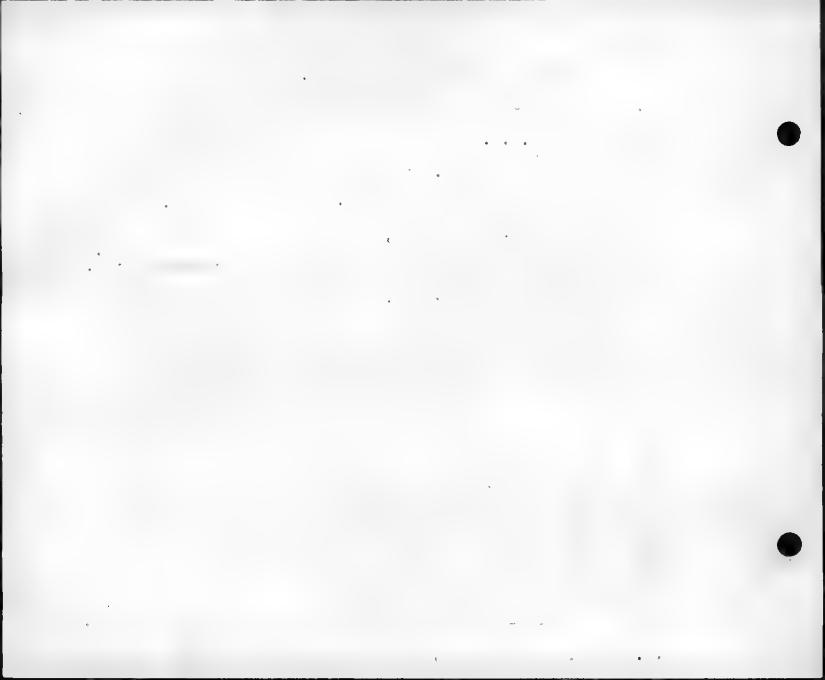
Page 4 may be retoined by the hospital or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH    Continue	MARYLAND STATE DEPARTMENT OF HEALTH	
Lectassoname   The property   Control   Cont	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	378
Charles of Remoth   Char	LEP ALTER DEDT	Vent 25 HOUR
Constitution   Cons	TO DATE OF THE POST OF THE POS	4 A. 145
Constitution   Cons	3 SEX 4. RACE 5 DATE OF BIRTH 16 AGE (IN MARIE ) IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	
Constitution   Cons	PER MOIL NORTH 7-28-1955 13 VRS HOURS MAN Month Day Year	40
TO STATE THE TOTAL TO TO TOWN FOR DEATH    MAME OF HOSPITAL OR INSTITUTION (  not in hospital and properly and proposed and properly an	70 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY? . 8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH	
10 CHY OR TOWN OF DEATH   10 MM COF FORTHING OR HISTORY OR HOSE PLAN OR HISTORY OR HISTORY OR HISTORY OR HISTORY OR HISTORY OR HISTORY OR SOME OR HISTORY OR HISTOR	Maryland U.S.A. Whomed Proderick	M
The control of the co		OF BUSINESS OR
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	Frederick 119 E. 5th street None	) <del>/</del> #
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before) 33 CITY OR TOWN 133 MSDE CITY UM 737 136. STREET AND NUMBER	
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	# Frederick Fred. 119 E. 5th Str.	
PRIMARY OR CONTRIBUTING   1/15 PM. 2/10/19/69   1/15 PM. 2/10/19/69/69/69/69/69/69/69/69/69/69/69/69/69	14. FAIREK S NAME FIRST MIDDLE LOST IS MUTHER'S MAIDEN MAME FIRST MIDDLE	
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	Charles Edward Foreman, Dr nelon Geneva Inom	
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	(Yes, no, or Unknown) (tryes give word dates of service)	
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	AP	PPROXIMATE INTERVAL
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	PART I. DEATH WAS CAUSED BY ARBON MONOX TO INTOXICATION	VEEN ONSET AND DEATH
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	DUE TO, OR AS A CONSEQUENCE OF	
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	Cond t.ons, if ony, which gove	
PRIMARY OR CONTRIBUTING   1/15 PM. 2/10/19/69   1/15 PM. 2/10/19/69/69/69/69/69/69/69/69/69/69/69/69/69	stoting the underlying couse DUF TO, OR AS A CONSEQUENCE OF	
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	C ≥ 4 .i.   lost.   (lost.   (lost.   lost.   lost.   (lost.   lost.   lost.   (lost.   lost.   lost.   (lost.   lost.   lost.   lost.   (lost.   lost.   lost.   lost.   (lost.   lost.   lost.   lost.   (lost.   lost.   lost.   lost.   lost.   lost.   (lost.   lost.   lost	
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(6)	
PRIMARY OR CONTRIBUTING   1/15 PM. 2/10/19/69   1/15 PM. 2/10/19/69/69/69/69/69/69/69/69/69/69/69/69/69		L. TORONO.
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	THE CONDITION FOR WHICH OPERATION  WAS PERFORMED?	/
PRIMARY OR CONTRIBUTING   1/1   1/2   1/2   1/3   1/4	TO BE THE PART OF	AF2   NO [82]
220. I certify that I took charge of the remains described above, held on Autopsy, inspection, inquiry, and in my opinion death resulted from: Notural couses, Accident, Suicide, Homicide, Undetermined monner  ACTUAL	DOMESTIC THE	
220. I certify that I took charge of the remains described above, held on Autopsy, inspection, inquiry, and in my opinion death resulted from: Notural couses, Accident, Suicide, Homicide, Undetermined monner  ACTUAL	TAUSE OF DEATH 14 TOP PM. FIGURE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. 10 County	State
220.   certify that I took charge of the remains described above, held an Autopsy   , Inspection   , Inquiry   , and in my opinion death resulted from: Notural couses   , Accident   , Suicide   , Homicide   , Undetermined monner   CHIEF MEDICAL EXAMINER   22b DATE SIGNATURE   SIGNATURE	So	Leel
CHIEF MEDICAL EXAMINER  22b DATE SIGNED  ADDRESS(Street, city town, or county) Frederick, Male  23b DATE SIGNED  25c DATE SIGNED  ADDRESS(Street, city town, or county) Frederick, Male  25c DATE SIGNED  25c DATE	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, on	id in my opinion
CHIEF MEDICAL EXAMINER  22b DATE SIGNED  ADDRESS(Street, city town, or county) Frederick, Male  23b DATE SIGNED  25c DATE SIGNED  ADDRESS(Street, city town, or county) Frederick, Male  25c DATE SIGNED  25c DATE	death resulted from: Notural couses [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined monner [ ]	
230 BURIAL (REMAIION, REMOVAL (Spec fy)  230 BURIAL (REMAIION, REMOVAL (Spec fy)  231 NAME OF CEMETERY OR (REMATORY)  232 LOCAT ON (C ty or Town) (County) (Store)	CHIEF MEDICAL EXAMINER	
230 BURIAL (REMAIION, REMOVAL (Spec fy)  230 BURIAL (REMAIION, REMOVAL (Spec fy)  231 NAME OF CEMETERY OR (REMATORY)  232 LOCAT ON (C ty or Town) (County) (Store)	M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	10
230 BURIAL (REMAIION, REMOVAL (Spec fy)  230 BURIAL (REMAIION, REMOVAL (Spec fy)  231 NAME OF CEMETERY OR (REMATORY)  232 LOCAT ON (C ty or Town) (County) (Store)	EXAMINER'S  DEPUTY MEDICAL EXAMINER (X)  ADDRESSISTED OF THE PROPERTY AND ADDRESSISTED OF THE PROPERTY OF THE	Ma
(Centenville Fred Ce	230 BURIAL (REMATION 23b DATE 23r NAME OF CEMETERY OR CREMATORY 23d 10CAT ON (C tv or Town) (County)	(Stote)
ADDRESS 250 REC BY REGISTRAR 25b REGISTRAR 5 S GNATURE.	(R) Division   O 10 1060   Themperen   Centenville Fred	Co
TO WE ALSWE (S) O I I GOOD TO THE TO	24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR 5 5 GNATUR	Vacquiga
BY TOM REV 1/66 W C.E. Hicks. 111 Frederick. Md DATE FED & F. 1809	8) C.E. Hicks III Frederick Md DATE FEB 1 1 1969	1 "



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  023	יי די
HEALTH DEPT.	1 0		Yeor 2b HQUR
v 0.65		DECEASED NAME (Type or Print)  And the Lost 2a DATE KNOWN Month Day OF ESTI- DEATH MATED 2 10	1969 442KM
	3 9	SEY A PACE IS DATE OF SIDTY A AGE IN YOUR IF UNDER 1 YEAR FUNDER 24 HRS 2, DATE DECOMPOSITION DEAD	2d HOUR
2, and 3 Proc. Ro	F	Temple Negro 8-28-1962 6 YRS MIN Month Doy Yeo	1969 6 AM
	7a	BIRTHP.ACE (State or foreign 7b C(T.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Y 9. COUNTY OF DEATH	
S S E		WIDOWED DIVORCED Frederick	Md
Give Poges ong with factorist the State of State	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTR'	D OF BUSINESS OR
ive of the day		give street oddress)  Trederick  119 E. 5th Street  DISJA. RESIDENCE (Where deceased [ved, f institut on Residence before 13c CITY OR TOWN 13d Institut on Residence 13d Institut on Resid	
s ofter 18. Giv olong	130	admission) STATE - 12h COUNTY -	
hours offer of tem 18. Give Office olong v lond 2 with the ofter death.	-	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	East
within 24 hours of pencil in Item 18. cominer's Office old poges I ond 2 wi		Charles Edward Fereman, Sr Helen Geneva Themp	
hin 24 ncil in niner's poges hours	16a.	I. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	3411
Lwithin pend Exomi File po		(Yes, no, or unknown) [If yes give war or dates of service] None Helen Geneva Thompson 119 F.	5th St
ed v E E E		IB. CAUSE OF DEATH (Enter only one couse per line for [a], [b) and [c])	PPROX MATE INTERVA, WEEN ONSET AND DEATH
ing ing educe		PART 1 DEATH WAS CAUSED BY Montrell Fulgrication	
ent pent		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )	
d be d is Chie fran		rise to immediate couse (a).	
shauld be executed wit ne word "pending" in pe to the Chief Medical Exor burial-transit permit, File I in ony event within 72		stoting the underlying couse DUE TO, OK AS A CONSEQUENCE OF	
INER: This certificate shauld be executed within 24 hours ofter death be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with falles.  3 should be used as a burial-transit permit. File pages I and 2 with the State Department or removal, and in any event within 72 hours after death.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
Frat ing rded as c as c	-		
certification orwar	ATIO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20	AUTOPSY?
his of the per per per per per per per per per pe	CERTIFICATION	WAS PERFORMED?	YES NO 1
MER: This certificate, nould be fulles. Should be tion, or relation, or relation,	15 T	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hern 18)	
INER shoul files. 3 shou	MEDICAL	CAUSE OF DEATH  21d. INJURY OCCURRED  2 P.ACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D. No. (ity or Town - a County)	581
bical Examiner: This certificate is execute the certificate, writing the ctor. Page 4 should be forwarded to red for your files.  ECTOR: Page 3 should be used as a b buriol, cremotion, or removal, on	-	WHILE INDI WHILE IN FOCIORY, off ge building, every	hid.
CAL EXAM execute the or. Page 4 ad for your CTOR: Page buriol, crem			nd in my opinion
ICAL E executor. Poor ed for CTOR: F		death resulted from Natural causes, Accident, Suicide, Hamicide, Undetermined manner	a in my opinion
please e director retained or to bu		CHIEF MEDICAL EXAMINER	
y, ple red di pri pri pri pri pri pri pri pri pri pr		ACTUAL SIGNATURE (FLEET WILLIAM ASSISTANT MEDICAL EXAMINER ( 226. DATE SIGNED	
DEPUTY SICA SICA SICA SICA SICA SICA SICA SICA	W	BEAMINER'S Robert J. Thomas, M.D.  DEPUTY MEDICAL EXAMINER & 2-10  ADDRESS/Street city town of county Town of the county Town o	
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-01 1. 15USUA	100	REMOVAL (Specify)	, ,
ROBERT HOURYLA		urial 2-12-1969 Ebernezer Centerville Fred.  FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 250 REGISTRAR SIGNATURE	RE.
812 RIGHT SME (5)	1	C.E. Hicks. 111 Frederick, Md DAFFR 1 1 1969 Primites 9	note
ROD TOLL MAN 812 FREDERIGNATION REV 1/68	4		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02373 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT. 1. DECEASED NAME First M. ddie 20 DATE KNOWN Month Doy Year (Type or Print) ESTI-ΩF 0 DEATH MATED IV 196 Deleres Shirler S DATE OF BIRTH JE UNDER 24 HRS AGE (in years 2c. DATE PRONOUNCED DEAD last birthday) Female Negre 5-16-1961 7a BIRTHP-ACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH country) WIDOWED [ DIVORCED [ Frederick Give Pages after deoth 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY with the Frederick \*\*\*\* 13a USJA. RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY UM 15? 13e STREET AND NUMBER odmission) STATE 13b COUNTYFrederick Frederick YES X NO F in Item 18 Street 119 E. 5th lond 2 after 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles Edward Foreman.Sr Thompson Helem Geneva hours pages 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT in pencil None Foreman 119 E. 5hh St Hehen Geneva File within IB. CAUSE OF DEATH (Enter only one cause per line for (g) (b), and (c).) buriol-transit permit. forwarded to the Chief Medicol PART I DEATH WAS CAUSED BY pend ng DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? Page 4 should be 210 EXTERNAL SAUSE WAS 21b. TIME & HALURY Mooth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ary in Port 1 of Part 2, Item 18.) Poge 3 should PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. NURY OCCURRED 2) PLACE OF NURY (At home, form, street, 21f LOCATION Street or R.F.D. No. State/ factory, office building, etc) AT WORK AT WORK to buriol, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection ond in my opinion Suicide death resulted from: Natural causes Accident F Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT 7-10-69 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** Robert J. Thomas, M.D. ADDRESS(Street, city, fown, or county) Frederick. Md NAME (Type) 23b DATE 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL (Specify) Burisl 2-12-69 Centerville Fred. Eberneezer 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1768 C.E. Hicks. 111 Frederick. Md

MARYLAND STATE DEPARTMENT OF HEALTH

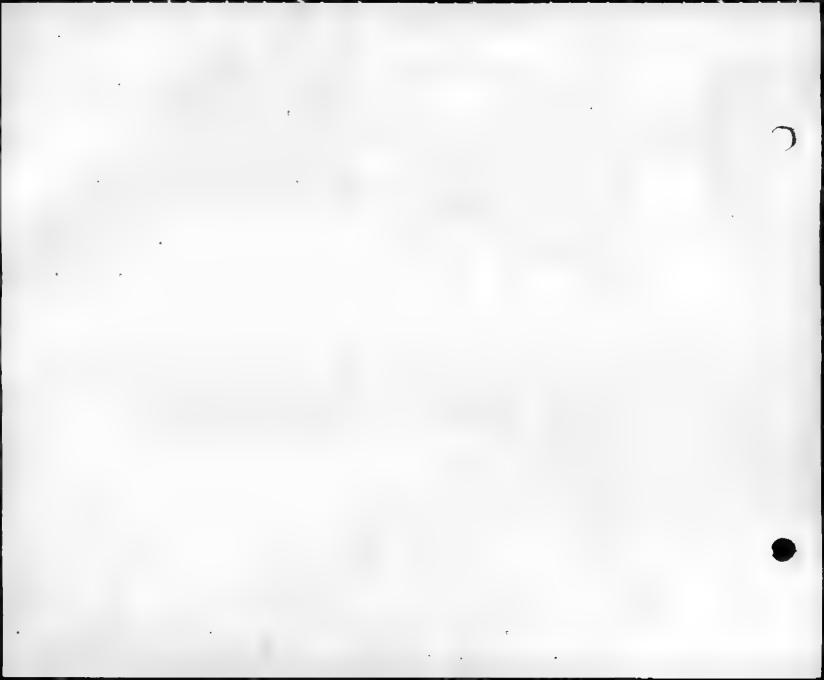


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02383 02379 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR be executed within 24 haurs after death (Type or print) B. ell Annie Feb. Funk Month .20% permit. Then please remove carbon papers. Pages I 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR log birthday) HOURS Female. Feb.7, 1885 Cauvasion 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8\_MARRIED NEVER MARRIED country) Frederick U.S.A. Frederick DIVORCED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspito. 120, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Nsg. &Convalescent during most of working ife, even if retired) Frederick INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LHMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Frederick Brunswick YES X NO. IB East A St. 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME\_FIRST M ddle Lost Virte Jehn Demory Jane 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Eva Magalis 16b. SOCIAL SECURITY NO. Resement, Md. (If yes give war or dates at service) Yes, no. equaknown) crematian, ar remayal, law requires that the death certifi APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) Canditions, if any, which gave ) ase to immediate couse (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(6) Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to 190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE PINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Jemas 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M FOR CONTRIBUTING CAUSE OF DEATH Month Day Year 21e PLACE OF INJURY (AT JOHE, FARM STREET FACTORY.) 21f LOCATION (If either, notify medica examiner) 21d INJURY OCCURRED While Not while at work 22a. I certify that (i) (this haspital) attended the deceased from 18 , 19 (4, ta 74, 15, 1969, that (i) (we) last saw the deceased alive an 15 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS 22d. PHYSICIAN'S A. Pearre, Sr. M.D. 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Mt.Olivet Cemetery Frederick, Maryland Branswick, Marylandecd By REGISTRAR 25b. REGISTRAR'S SIGNATURE



F. Gasch's Sons Hyattsville, Md

VR At5



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02381 02385 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost 20 DATE OF DEATH and 2 deoth. 26 HOUR executed within 24 hours ofter death. completely filled in by the funeral (Type or print) Month 3:10a Gorden Flugenia Feb. Averv corbon papers, Pages 1 ent, within 72 hours after 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER YEAR Aug. 26, 1896 lost birthdoy) HOURS white Female 7c BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED DIVORCED [ Frederick West Virginia Imited States 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OF during most of working life, even if retired ) Frederick INDUSTRY Nursing Center None 130 LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY remove YES NO Mt. Airv Route # 4 Marvland and in any 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First ond Middle Lost Fannie Rowland George Bush pleose requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown't (If yes give wor or dates of service) Mrs. Glenn Testerman Rt.# 4 Mt. Airv. Md. 219-20-0275 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove the buriol-tronsit rise to immediate couse (a). signed by stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been ₽ 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20n. AUTOPSY? CAUSES OF DEATH? NO I YES 🗀 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) Po OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote White Not while at work 220. I certify that (I) (this hospital) attended the deceased from // Cov / Feb-16 1969, and that in (my) (aur) apinian death occurred on the date and haur and fram the saw the deceased alive an.... Page 4 may be retained causes stoted above, (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c. DATE SIGNED director, page 3 should be filed v PHYS. DIRECTOR 22d PHYSICIAN S 22e. ADDRESS NAME (Type) 230 BURIAL, CREMATIÓN DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Burial Edge Hill Cemetery 2-19-1969 Charles Town, West Virginia PAREE 2 0 19 25b REG STRAR S SIGNATURE VR A15 (4) 1969 Dailev & Frederick, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02382 92386CERTIFICATE OF DEATH 2b. HOUR 10 1. DECEASED NAME First Mindle Lost 2a, DATE OF DEATH 24 hours after death (Type or print) Month 1.0 Doy Edith M. Haller Feb. 5. DATE OF BIRTH 3. SEX 4 RACE IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS iosbairthday) MONTHS Female White Apr. 21-1885 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 📉 NEVER MARRIED 🔀 country) Md. U.S.A. Frederick WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital within 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Give street oddress)
Frederick Nursing Home during most of warking life, even if retired.) INDUSTRY Frederick 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before buriol, cremation, or removal, and in ony event, 13c. CITY OR TOWN attending physicion and comparent 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER 13e. STREET AND NUMBER
241 S. Market St.-Frederick requires that the death certificate be executed admission) STATE 13b. COUNTY YES T NO Md Frederick Frederick 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First First Middle Last Haller Henry Elizabeth Darnell 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Frederick Address Md. 21701 Yes, no. or unknown) ( Fyes give war or dates of service) 214-54-0593 Mrs.Genora Hammond-2/11 S. Market St --18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN CINSET AND DEATH permit. frombosis, Brown Circles Center IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditions, if ony, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the d for use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO DO 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year (If either, notify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21d INLURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREEF FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County Stote While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram 5 1962, to File 1969, that (I) (we) last saw the deceased alive an File (1969, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED STAFF ATTENDING Feb. 11-1969 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Thomas E. Stone h West 3rd. St.-Frederick, Md. 21701 230 BURIAL, CREMAT ON 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote) Mt. Olivet Cemeterv Frederick, Md. 21701 ADDRESS Thetriere 25a REC'D BY REGISTRAR 25b. REGISJRAR S SIGNATURE M.R.Etchison & Son Frederick, Md.21701 BATE FEB



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VR A15 (4) 45M 1/69

Feb.17,1969

M. R. Etchison & Son, Frederick, Md.



		02388 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	I	Thom#C & Francisco MEDICAN EXAMINED'S CEDITICICATE OF DEATH	1000
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Year 2b. HOUR
of age		James - Latikelin nails   Death Mater   2, 20	169 0800 M
	3. S	SEX M 4. RACE IN OV. 1, 1896 AGE 10 years IF UNDER 1 YEAR FUNDER 24 HRS 2c DATE PRONOUNCED DEAD Months DAYS HOURS MAN Month 2 Doy 28 Y	2d HOUR 1969 0800 M
any PA		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
for the form		untry) Maryland USA WIDOWED DIVORCED Frederick	Md.
after death 8. Give Pag along with with the se		Frederick give street oddress) Frederick Memodulanost of working artifetizetized) NDUS	TRY Farm
	13o.	o. USUAL RES DENCE (Where deceosed lived, if not fution Residence before 13c. CITY OR TOWN odmiss on) STATE Md 13b COUNTY Frederick Urbanna YES XNO Rt. #2	
haurs Item 11 Office 1 and 2	14. F	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 lin			Collins
INER: This certificate shauld be executed within 24 haurs be certificate, writing the ward "pending" in pencil in Item I shauld be farwarded to the Chief Medical Examiner's Office files.  3 shauld be used as a burial-transit permit. File pages I and 2 shauld be used in any event within 72 hours after on the continuous of the continuou		a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown)   116 yes give 66 loss of service)   578-26-8774   Herbert Hyatt Bank of Damac	us, Md
hed v ai Ex ai Ex it. Fil		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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nis certificate shauld the ward the ward farwarded to the Change used as a burial-tre removal, and in any	*	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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	W	21d INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, while most while most while foctory, affice building, etc.)	nty State
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ury, ary, nerg be be eRAL		SIGNATURE  SIGNATURE  ASS STANT MEDICAL EXAMINER  22b. DATE SIGNE  22b. DATE SIGNE  DEPUTY MEDICAL EXAMINER  READ STANT MEDICAL EXAMINER  22b. DATE SIGNE  22b. DATE SIGNE	/ -
necessary, please executive functions of the funeral director. Pag 5 may be retained far 10 FUNERAL DIRECTOR: Publish prior to burial,		NAME (Type) R. R. R. ROBERTS, M.D. ADDRESS(Street, city, town, or county) Frederick	
To the He		Bur Al, (REMANDALX)  23b Date  23c NAME OF CEMETERY OR CREMATORY Potomac Methodist  23d Location (City or Town) Potomac Montg	ty) (Stote)
L.	24 ,	7557-Wisconsin Ave., Bethesda, Md. 250 REC D BY REGISTRAR 256 REGISTRAR S SIGNAT	
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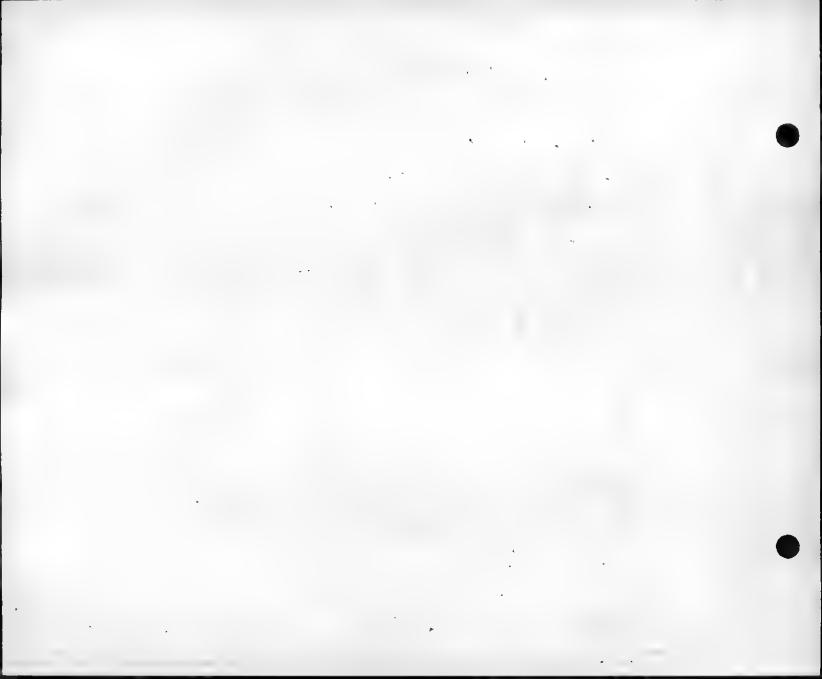
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11290			(	ERTIFIC	ATE OF	DEATH			U 74	000	}
1 DECEASED-NAME	First		Middle		Last		2a. DATE	OF DEATH			b. HOUR
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7a BIRTHPLACE (State		CITIZEN OF WHAT		8. MARRIED	] NEVER MA	RIED	9 COUNTY	OF DEATH	1		
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IO. CITY OR TOWN OF			OF HOSPITAL OR INS	TITUTION (If no	et in haspital			ON (Kind of work dan		ND OF BUSIN	ESS OR
Watker	10 Xile	give stre	et address)	tu 1	1.		est at warki	ng life, even if renred.	) INDUST	KY + D	16
13a USUAL RESIDENCE	(Where deceased liv		Residence before	13c. ICITY OR	TOWN	13d. INSIDE EITY .	IM TS? 13e	STREET AND NUMBER	, 1		
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V	IGNIFICANT CONDITIO	1 1	G TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE OR	CONDITION G	IVEN IN PART 1(a)			
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19a DATE OF OPE	RATION 19b. COND	ITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTO	SY24C		. IF YES, WÊRE FINDINGS ISES OF DEATH?	CONSIDERED	IN CERTIFY	ING
KIIF					YES [	NO P	CAU	DES OF DEATH!			
	AS UNDERLYING  CAUSE OF DEATH	1216 TIME OF IN	IJURY Manth Day Year	21c HC	IW INJURY OC	CURRED (Ente	r nature of i	njury in Part 1 or Part :	2, Item 1B.)		
(If either, natify	med cal examiner)	P.M.	19								
≥ 21d INJURY OC While Nat v	URRED 21e PLAC	E OF INJURY (AT	HOME, FARM, STREET, FAC FICE BUILDING, ETC.	TORY.) 21f LO	CATION Stre	et ar R.F.D. Na	. (	ity ar Tawn	County		State
at work at w	ark —										
22a. I certify	that (I) (th <del>is h</del> a	ospital) attenç	led the decease	d fram	1 4h - 5 in /	, 19_	, ta_	73) ek- , 1	9.64,	that (I) (	we) las
saw the	aeceasea alive tated abave, (1)	(we)(did)(di	d not) view the	nady after a	i inar in (n leath.	iy) ( <del>o</del> er) api	ınıan dedi	h accurred an the	aare ana n	aur ana 1	iram in
22b SIGNATURE	<u>/:</u>	11 1	11017 11011 1110						C DATE SIGNE	ED	
X	mus	Money!		M) DEGR	ATTENDI EE PHYS	NG 🗗 🖁	MED. DIRECTOR [	STAFF	2/25/	69	
22d. PHYSICIAN				1.0	22e. ADI	RESS		115 1		1	
NAME (Type	THINE	S E.S	DNEK!	J/C	1/1/	4 LICE/	5010	-CE, Ind			
23a BURIA., CREMAT			23c. NAME OF	CEMETERY OR	CREMATORY		23d LOCA	ITION (City or Town)	(Caunty)	) (St	rate) /
REMOVAL (Specif	280 1-134	6/69	Hao	le 60	w.			ckerontle	- Free	July 8	md.
24. FUNERAL DIRECTO		1	ADDRESS	1		250 REC D B	Y REGISTRA		C'S SIGNATUR	E	

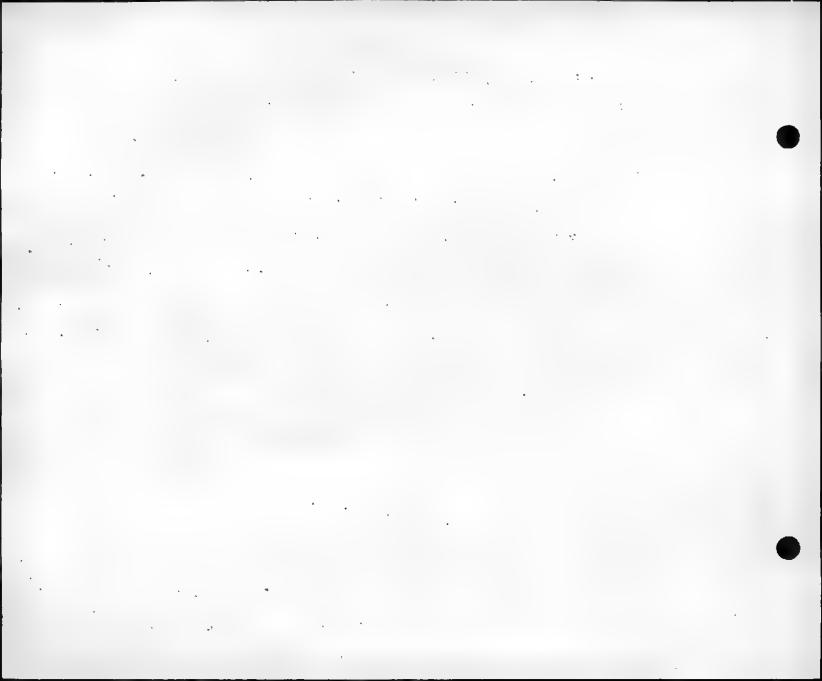
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tungeral director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 30M REV, 1XA

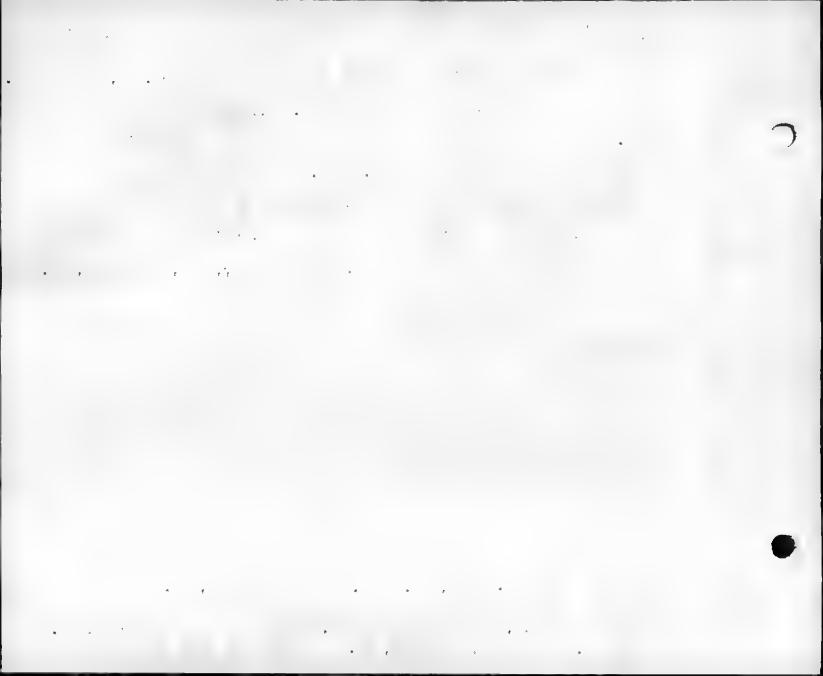
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs di

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02386 CERTIFICATE OF DEATH Film.GL09 69 Ltem5 Middle Last 20. DATE OF DEATH 2b. HOUR First DECEASED NAME death. Yeor 35/ Day meral and (Type or print) HILTABRIDLE 969 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS RACE 5. DATE OF BIRTH 3. SEX last birthday) MONTHS YRS requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED TX NEVER MARRIED country) WIDOWED DIVORCED [ paper and campletely filled 2a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital INDUSTRY give street oddress? during most of working I fe, even if settred ) JOHNSVILL 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 136. INSIDE CITY LIM TS? 1.13b. COUNTY, YES X NO T remove in any Middle Middle 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last attending physician 17. INFORMANT FO fie Address 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, prunkpawn) (If yes give war or dates of service) signed by the attending physe burial-transit permit. Then ph burial, crematian, ar remayal, ILTABRID APPROX MATE INTERVAL BETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) angun DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove to rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar to 10 FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO -210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) ( AT HOME, FARM, STREEF, FACTORY.) 21f LOCATION Street or R.F.D No. County Stote 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town While Not white at work 22a. I certify that (I) (this haspital) attended the deceased fram. \_\_19 4 9, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive an... directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING M/ 9-DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 1969 30M REV





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02388 02392 CERTIFICATE OF DEATH DECEASED NAME First Lost Middle 20 DATE OF DEATH attending physician and campletely filed in by the funeral permit. Then please remove carban papers Pages 1 and 2 an, ar remaval, and to any event, within 72 hours after death. 2b. HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) EDWARD L. KNISELL February D. N 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years HE JINOER I YEAR IF UNDER 24 HRS birthdoy) Male White November 26. 1876 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔲 NEVER MARRIED country) WIDOWED TO New Jersey U. S. A. DIVORCED [ Frederick 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Ave street oddgess) Frederick Nirsing Center during most of working life, even if retired) INDUSTRY Frederick 130. LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE GITY LIM.TS? 3e STREET AND NUMBER odmuss on) STATE YES 🚚 620 Biggs Avenue Frederick 4. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Lost Lost Joseph Knisell Marv Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Frederick.Md. Yes, po, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, 023 09 9957A Mrs. Catherine Wheeler. 620 Biggs Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (a). Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been director, page 3 shauta be detached far use as the schooled be filed with the State Dept. of Health priar ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ O FUNERAL DIRECTOR: After this certificate director, page 3 shaufd be detached far us 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street of R.F.D. No City or Town County Stote While Not while of work causes stated obave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** DIRECTOR February 19,1969 PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) James B. Thomas, M. D. 228 N. Market Street. Frederick, Md. 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Feb. 21,1969 Mt. Auburn Cemetery Cambridge Mass. DATE FEE 2 0 Dought Ist ADDRESS Fadeles 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Ma.



		MARYLAND STATE DEPARTMENT OF HEALTH	
just	<i>*</i> '	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		\$2393 CERTIFICATE OF DEATH 02389	
U	÷ Com	DECEASED NAME First (Marie) Middle Lost Kraft 20. DATE OF DEATH	UR
C	de d	(Type of offile) And the Month of Section 1	7 M
1년	5 2 4 5	3 SEX 4. RASE S DATE OF BIRTH 6 AGE (In years I FUNDER ) YEAR IF UNDER 24	HRS
eder	ICIAN: The law requires that the death certificate be executed within 24 hours after pital or attending physician. Artificate has been signed by the attending physician—and campletely filled in by the fund far use as the burial-transit permit. Then please remove carban papers. Page of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after	S DATE OF BIRTH  S DATE OF BIRTH  C/30/8/  B AGE (In years   FUNDER 1 YEAR   IF UNDER 24    LOURS   MONTHS DAYS HOURS    TO NOT HE SERVE   S D	Misi,
O O	yd .	70 BIRTHPLACE (Stote or foreign country) 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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Ъ		10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR	
0	with bond with	Frederick Aursing (son for Housewife at home	
• •	ed car	130. USUAL RESIDENCE (Where deceosed lived, if instruction, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 21218	
8	Ceve man	odmission) STATE Ma, 136 COUNTY rederick, MI Miry YES NO 1507 Northgate Rd.	
Exam n.	a ma /	14. FATHER'S NAME First Middle Lost IS MODFIER'S MAIDEN NAME First Middle Lost	
6 g	ictor and in	Unknown . Kral Marie Marx	
	physician en please oval, and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (dives give war or dates of service)  Address	_
0 0	olsys val	18, RD, O JAKHOWAI) 14 JOS GOVERNO 21309 5485 drughter - Marie A. Primus	
Σo	he death certiff	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	_
19	the death e attendir p permit.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Con 7 = 5 Live Heart Feilure	
H E	attendi permit.	DUE TO, OR AS A CONSEQUENCE OF	
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ts P	equires that the physician. signed by the burial-transit p burial, crematia	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(0)	
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be	the law reattending has been se as the h prior ta	190. DAJE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
200	The atternation of the pose of	210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 22c HOW INJURY OCCURRED (Finite nature of injury in Part 2 or Part 2 Item 18)	
• 🖺	A ar		
Dr	rsician: ospital ar certificate hed far u	TOR CONTR BUTING CLAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 1969 Fell Thomas	
. 6'법	PHYSIC ne hospil this certi efached Dept. of	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ify or Town County Stote	_
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4 ₹	ING by ther be d tate	22a. I certify that (1) (this hospited) attended the deceased from 1 1969, ta 2/3 1969 that (1) the	last
dau	N Ad the Second of the Second	saw the deceased alive an 3/28 1969, and that in (my) (our applicant death accurred on the date and bour and from	the
9	ain agin the state of the state	causes stated above, (1) (we) (did) (dia-met) view the body after death.	
S	R A REC 3 s S S S S S S S S S S S S S S S S S S	226 SIGNATURE ATTENDING MED. STAFF 22c DATE SIGNED	
scu	L OR / be   DIRI	22d. PHYS CIAN'S 129. ADDRESS 220. PHYS 129. ADDRESS	ユ
S	RAL RAL Pe	122d. PHYS CIAN'S NAME (Type) POX STATE W. D. Janon Prox. 3/49 For Janos M. D. Janos M.	7
di.	TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the host TO FUNERAL DIRECTOR: After this cel director, page 3 should be detache should be filed with the State Dept.	Doct / 12 12 12 12 12 12 12 12 12 12 12 12 12	<b>=</b>
ب	age age of FL directions show	230 B_RIAL, CREMATION, BUNCHES 3/4/69 Bohemian National Cem Baltimore. Md. (County) (Stote)	
ase	5.5		
S C	VR A15	Schimuhek Funeral Home, Inc.  ADDRESS  250. REC D BY REGISTRAR  250 REG STRAR'S SIGNATURE  DATE MAR 4 1969	



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled the by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-hours after death.

Page 4 may be retained by the hospital or offending physicion.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	1 00	CEASED-NAME	First			Middle	CENTII	last	DLAIII	2g. DATE C	OF DEATH			
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<u> </u>	3 SE			4. RACE		<del></del>		S DATE OF E		0	6 AGE (in year	rs IF J		IF UNDER 24 HRS HOURS MIN.
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19	13a admi	USUAL RESIDENCE (Whe		d lived, if institution: Residence before 13c. CITY OR TOWN 34. INSIDE C						DE CTY JAMISS 130 STREET AND NUMBER  NO 1005 Rosemont Ave.				
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		18 CAUSE OF DEATH	(Enter only	one couse	per line for	(a) (b) and (c)	1						RETWEEN ON	ATE INTERVA.
2		PART I. DEATH W	AS CAUSED	BY: E CAUSE (a)		ONGE	STIV	e Ite	SART	FAIL	URG, TE	RMINA	4 29	
cremation, or		4122	THUREDIA			ONSEQUENCE OF								
		Conditions, if any, wh		(b	H	YPERTE	15100	5 CARE	)18 VOSC	ULAR	DISCAS	<b>—</b>	TEA	RS
		stoting the underlyin		DUE TO	OR AS A C	ONSEQUENCE OF								
•		last	)	(c				EPHRO						
		PART 2. OTHER SIGNIF												
	III OI.	CEREBRAL 190. DATE OF OPERATION				CLUS 10 PERATION WAS PE		200. AUT			IF YES, WERE FIND		DEDED IN CE	DTIEVING
K-sect .	CERTIFICATIO	TYO, DATE OF OPERATION	I IVD. C	א מטוווטמי.	JK WHICH OF	TEKATION WAS PE		YES [	ио 🔼	CAUS	ES OF DEATH?			KHETING
		21a ACCIDENT WAS U			ME OF INJU	RY nth Day Yeor		HOW INJURY OF	CCURRED (Enter	noture of any	ury in Part 1 or P	ort 2, Item	18)	
	MEDICAL	(If either, notify medic	al examin	er)	P.M.	1	9							
	M	21d. INJURY OCCURRED While Not while Cat wark	21e	PLACE OF INJ	URY (AT HO	ME FARM, STREET, FA BUILDING, ETC.	CTORY,) 21F	LOCATION Stre	eet or R.F.D. Na.	Cir	ty or Town	((	punity	State
		220. I certify the saw the deci	(I) (this	hospit <u>ol</u>	ottende	d the deceos	ed from I	VOVEM O	GR , 196	ŏ, to F	EB. 26	, 19 <u>69</u>	, that	(I) (auto) last
		causes state	ased ali dabave,	ve on (I) <del>(we)</del> (	(did) ( <del>dida</del>	with view the	bady afte	ind that in (n er death.	ny) ( <del>887)</del> opi	nion death	accurred on t	he dote c	nd hour o	ond from the
		22h SIGNATURE	97	nec	Ar	-	M. DE	GREE PHYS	ING 🔼 N	NED.	STAFF PHYS.	22c. DATE 2 2	6/69	
/		22d. PHYSICIAN'S NAME (Type)	-Fil	1EA	Dor	s, Mi	0_	22e. AD		House	Auc F	ReD	ERICH	c, MO.
	23a.	BURIAL, CREMATION,	23b. D			23c. NAME OF	CEMETERY (	OR CREMATORY	· · · · · · · · · · · · · · · · · · ·	23d LOCAT	TION (City or Town	) (0	ounty)	(State)
		REMOVAL (Specify)		28-1	.969			Cemeter	cy	Fre	derick	Frede	rick	Md.
BA	24	funeral director M.R.Etchis	on &	Son	7. Fr	ADDRESS ederick	s, Md.	21701	2Sa REGOLD DATE	REGISTRAR	1969 <sup>35b. REGIS</sup>	TOAR S SIGN	ATURE	shook



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LACERATION SM. BOWEL MESEMITER) 20. AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) COLLISION County State HKEDETU CIC-M Inquiry [ ]. and in my apintan Undetermined manner 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Robert J. Thomas, M.D. ADDRESS(Street, city town, or county) NAMÉ (Type) 230 BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23d LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Feb.25.1969 Forest Oak Gaithersburg. Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Olin L. Molesworth, Damascus, Md. DAFFB 2 5

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12b. KIND OF BUSINESS OR

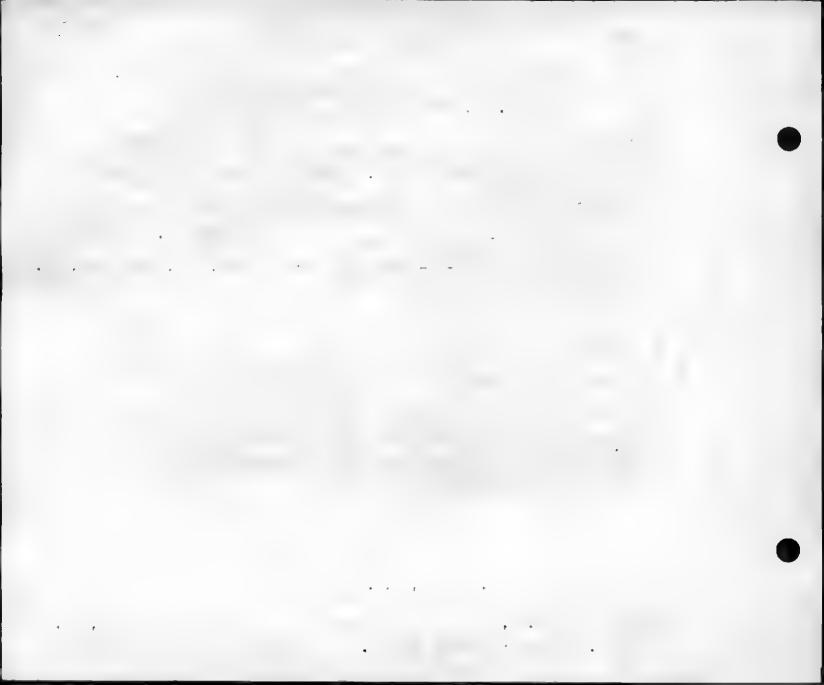
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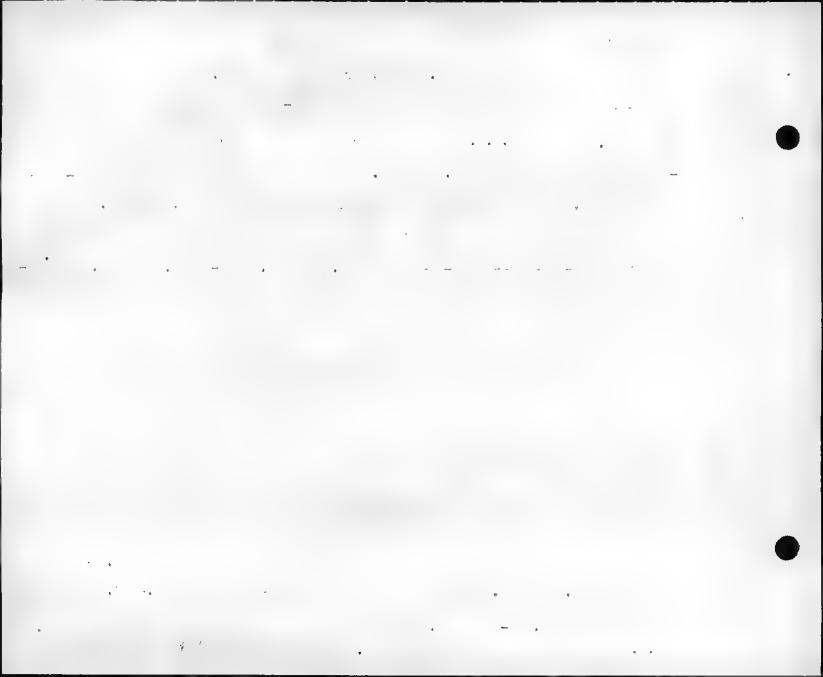
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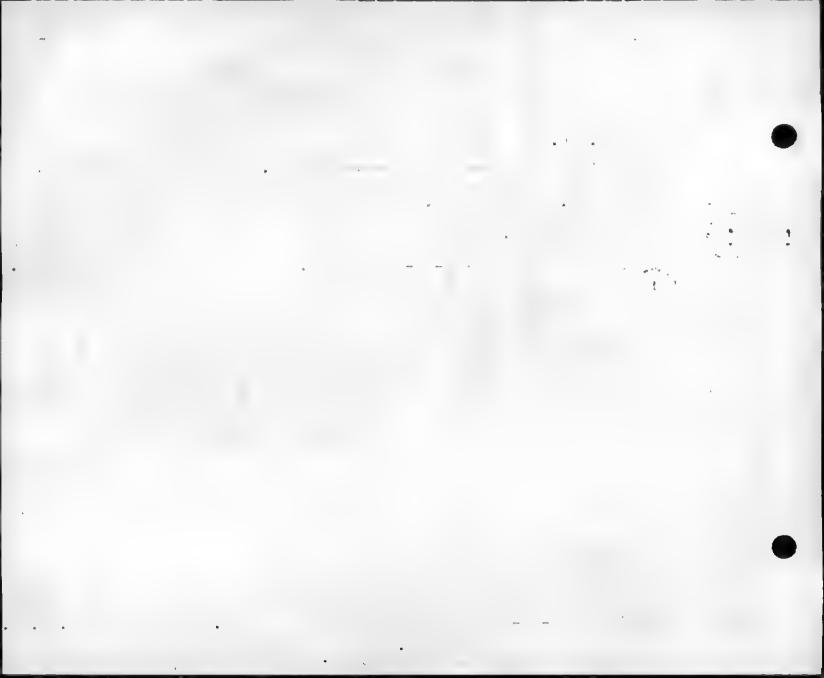
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02392 02396 CERTIFICATE OF DEATH DECEASED-NAME First iast Middle 2a. DATE OF DEATH death 2b HOURA (Type or print) D Month 22 Doy 69 Year F. Mackley Feb. 3:10 M Effie 3. SEX A RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF LINDER 24 HRS June 28-1872 96 birthdoy) Female White MONTHS 24 hours ottending physician and campletely filled in by cermit. Then please remove carban papers. A an, ar removal, and in any event, within 72 haur 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. WIDOWED 😿 DIVORCED | Frederick Pa. 10. CITY OR TOWN OF DEATH within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12d USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working ife, even if retired ) INDUSTRY F Thurmont 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN law requires that the death certificate be executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY YES 😿 Thurmont NO. 707 E. Main St. Md. Frederick 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last Elias Catherine Dusing Renner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Md. Yes, no prunknown) burial, cremation, ar remaval, 212-50-7635Jl Mrs. Roger P. Heck-707 E. Main St. Thurmont-APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY permit. 6 mos IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave? burial-transit rise to immediate couse (o) signed by Page 4 may be retained by the hospital ar attending physician. stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) peen be detached far use as the State Dept. af Health priar ta 1000 NO 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? 71/070 NO DO YES certificate 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY ATR 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) TO FUNERAL DIRECTOR: After this certification, page 3 should be detached 21d INJRY OCCURRED 21e. PLACE OF INJURY (AT HDME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D No City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1/00x30, 1968, to 121/1969, that (I) (we) last saw the deceased alive an 1/20x101 and from the director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING X Feb.22-1969 ZIII OA DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. James K. Grav Thurmont- Frederick Co.- Md.21788 23a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Mt. Olivet Cemetery Frederick Frederick 250 RECEDENTISHEAR VR A15 Frederick, Md.21701



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02397 CERTIFICATE OF DEATH DECEASED-NAME First Middle death. Last 2o. DATE OF DEATH 26 HOUR P executed within 24 haurs after death (Type or print) Month 11 69 Year 11:30 Magaha Feb. Amanda A٠ 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Nov. 7-1898 White Female 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED 9 COUNTY OF DEATH (ountry) U.S.A. Frederick i and completely filled in a remave carban paler Md. WIDOWED | DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Great Control of the during most of working life even if retired ) INDUSTRY burial, cremation, ar removal, and in any event, wit Frederick 130 USLAL RESIDENCE (Where deceased ved, if institution Residence before 13c. CITY OR TOWN 3d INSIDE CTY LIMITS? 13e STREET AND NUMBER odmission) STATE Frederick Knoxville Md. 13b COUNTY Route YES [ 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost M ddle Speak requires that the death certificates be Wood Amanda Α. James A. 66 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no. or unknown) Drville M. Magaha-Route 1-Knoxville-Md.21758 705-12-1739B 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE, OF Conditions, if any which gove) signed by the burial-transit p rise to immediate couse (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN as the l 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 10 FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health p. NO T YES 🗔 Page 4 may be retained by the haspital ar 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Dov Year 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF Feb.12-1969 DEGREE DIRECTOR PHYS. 22d PHYSICIAN S 22e ADDRESS H.V.Chase NAME (Type) 804 Toll House Ave. Frederick, Md.21701 230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify) Feb. 15-1969 Mt. Tabor Cemetery Rocky Ridge-Md. 21778 ADDRESS Whilmere 250 REC'D BY REGISTRAR DATE FEB 13 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE M.R. Etchison & Son Frederick, Md.21701 1969



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02393 02398 CERTIFICATE OF DEATH by the funeral Pages I and 2 iours after death. 1. DECEASED NAME / First Middle 2g DATE OF DEATH 2b. HOUR within 24 hours ofter death (Type or print) Month S DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR HOURS ovial-transir permit. Then please remave carbon papers. Poc butial, cremation, ar remaval, and in any event, within 72 nours 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED A NEVER MARRIED 9 COUNTY OF DEATH .⊆ (ountry) Frederick Fred. Co. USA WIDOWED [ DIVORCED completely filled 11 NAME OF HOSPITA, OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane Free derick Memorial Hospital most Flathogies prentiretired) 10 CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR Frederick IN型器とtory 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN 13d - ONSIDE CITY LIM-TS? 13e STREET AND NUMBER admission) STATE 13b COUNTY Md. Fred. Thurmont NOX RD YES 🗔 14. FATHER S NAME First Middle. Last IS MOTHER'S MAIDEN NAME First M ddie Lost Samuel B. Martz Rosa Stottlemver please PHYSICIAN: The law requires that the death certificate 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no you unknown) (If yes give war or dates of service) 215-36-7228A Mrs. Catherine Martz Thurmont attending phys APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: MOINTHS IMMEDIATE CAUSE DUE TO: OR AS A CONSEQUENCE OF signed by the burial-transit p Candit ons, if any, which gave t rise to immediate cause (a). by the haspital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 163 certificate has been the the prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED use as 20g. AUTOPSY? 20b. IF YES, WERE NDINGS CONS DERED IN CERTIF CAUSES OF DEATH? NO 🔀 YES [ be detached far use State Dept. of Health 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET EACTORY.) 2+f. LOCATION Street or R.F.D. No City or Town County State TO FUNERAL DIRECTOR: After this director, page 3 shauld be detact shauld be filed with the State Dep While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 160, 19 saw the deceased olive on 12 13 1967, and that in (my) (our) a \_196\_7, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS 22d. PHYSICIANS 22e ADDRESS NAME (Type) 230 BURIAL CREMATION, 23b. DAT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) RHPYAH Specify) 2-16-1969 Utica Cometery Lewistown Fred.Co.Md. ReymondorEs. Creager Thurmont, Md.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or re≡ovol, o≡d in a≡y ev≡nt, within Z2 haufs after death.

be executed within 24 haurs after death.

O HOSPITAL OR ATTENBING PHYSICIAN; The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02395

L		() ) =			LKIHI	CATE OF	DEATH					
	1. DE	CEASED-NAME First		Middle M	7	Last	1-	20. DATE	OF DEATH Month	Day	V	2b. HOUR
	- (1	Ype or prior) Sister Ani	ne Marie	1// <sub>k</sub>	1 Je	mou		76	V	25	19/19	1:50TH
	3. SE	Female	4. RACE White			S. DATE OF I	birth O <b>,</b> 188'	7	6. AGE (In years last burthday)			HOURS MIN.
	70 B		b. CITIZEN OF WHAT		8. MARRIED WIDOWED	NEVER MA		9. COUNTY	of DEATH rederick			
2	IQ. (	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INS	TITUTION (IE	nat in haspital	12o USU	IAL OCCUPAT	ON (Kind of work dar		12b KIND OF BU	JSINESS OR
1		Frederick							ung life, even if retired	1.)	THEOSIKT	
		USUAL RESIDENCE (Where deceased	lived, if astitution.	ck	Frede		YES N		ast Second	i St	reet	
	14. F	ATHER'S NAME First	Middle	Last	1	S. MOTHER'S A	MAIDEN NAME	First	Middle			Last
L		Patrick		McDermo			Eliza	abeth			Gormle	У
	16a. V.	WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16 or dates of service)	b. SOCIAL SECURITY N		INFORMANT			Address			
ļ		es, na, or unknawn) (11 yes gwe war			C	onvent	record	ds.				
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	BY:	for (a), (b), and (c).)	Asi	188					APPROXIMA BETWEEN ONS	TE INTERVAL ET ANO GEATH
1		4127 FIMMEDIATE	E CAUSE (a)	CONSEQUENCE OF	- 0, 00	1.	1.	~ .	/ n			4 1
1		Canditions, if any, which gave a rise to immediate cause (a),	(b)	sterio	- 5	cle 10	tic	Cil	·P.		1014	no.
		stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF							0	
		lost	(c)						<u> </u>			
ı	Ξ.	PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING	g to death but no	of related to	TO THE TERMIN	ALDISEASE OR		GIVEN IN PART I(a)			
١	CERTIFICATION	190. DATE OF OPERATION 196. CO	INDITION FOR WHICH	OPERATION WAS PER	FORMED	20a AUŢ YES		CA	b IF YES, WERE FINDING USES OF DEATH?	S CONS	SIDERED IN CER	(IFYING
	MIIDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	HOUR A.M.	JURY Manth Day Year 19	21c. H	IOW INJURY OF	CCURRED (Ente	er nature of	injury in Part I or Part	2, Item	n 18.)	
			LACE OF INJURY (AT		ORY.) 21f 1	OCATION Stre	eet ar R.F.D. No	o.	City or Town	(	County	State
1		22a. I certify that (I) (this saw the deceased aliv	hospital) attenç	ted the decease	d_from_2	April	, 192	D, 10	128,	196	7 , that (	l) (we) los
١		saw the deceosed aliv	(I) <del>(we) (did) (di</del>	<del>dहाठा</del> ) view the b	ody ofter	nd'thot in (n deoth.	ny) (our) op	inion dea	th occurred on the	date	ond hour or	id from the
		22b. SIGNATURE	Thomas	3 12	. DEG	REE PHYS		MED DIRECTOR [	STAFF 2	2c DAT	78/69	7
		22d PHYSICIAN S NAME (Type) SOLVIO	vd OT	Tromas	JY.	22e AD	DRESS (	evic	6.111d	1/		
f	23a	BUR AL, CREMATION, 23b. DA	te ch 3.1969	23c NAME OF C					ATION (City or Town) lerick F	_	(County) lerick	(State)
	24.	والمرابع المستحدد الم	rell -		Fad		25o. REC'D	BY REGISTRA	R 2Sb. REGISTRA			EIQ/
0	•	M. R. Etchiso					DATE		25b. REGISTRA	Ma	reco you	Congres .



	112400			CERTIF	ICATE OF	DEATH				,
	ECEASED-NAME Firs	t	Middle		Last		20 DATE OF DEATH	.l. 0	V	2b. HOUR
(1	Type or print)	IAM	LEE		McGAHA		February	th Day	1969	8:15 M
3. SE	EX	4. RACE		-	S. DATE OF B		6 AGE	In years	IF UNDER I YEAR MONTHS I DAYS	IF UNDER 24 HRS HOURS MAIN.
	Male	W	hite		June 5	, 1886		rthdoy) YRS.	MONINS ON IS	nooks mig.
7o. !	BIRTHPLACE (State or foreign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIE	D NEVER MAI	RRIED 7.	COUNTY OF DEATH			
M	daryland	U. S.		WIDOWE	142	RCED	Frederic			Md.
10. (	CITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (	If not in hospital	120 USUAL	OCCUPATION (Kind of	work done	12b, KIND OF I	BUSINES BUSINES
	Frederick					tal	to working life, ever	olman	Boc	O Rail-
	USUAL RESIDENCE (Where deceded ssion) STATE ARYLAND	13b COUNTY Tred		13c, CITY Route		AEZ MO (			yland	
14. 1	FATHER'S NAME First	Middle	Lost		IS. MOTHER'S M	AIDEN NAME Firs		Middle		Lost
	Luther	Frankli	n McGah	a		Julia	Vir	ginia	Bo	nd
	WAS DECEASED EVER IN U.S. AR	MED FORCES? wer or dates of service)	16b. SOCIAL SECURITY I		7. INFORMANT		50 1 7	Address	27. 27.2	
	res, no, or anknown,		705 05 68	344 4	Llonzo f	• McGan	a,Route 1,	Knoxvi		
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMED		ne for (a), (b), and (c).	.7	anen	_ می	quitant	lidue		MATE INTERVAL NSET AND DEATH
	I DAY X	DUE TO, OR A	S A CONSEQUENCE OF	4	concere	ho with	mostert,			
	Canditions, it any, which gave rise to immediate cause (a),					Ę.	<i>y</i> — —			
	stating the underlying cause		S A CONSEQUENCE OF							
	last.	) (c)								
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBL	TING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR CO	NDITION GIVEN IN PART	1(a)		
NO	In our or opposition line	COMPUTION COR WILL	ICH DOPD STICH MAE DE	DECRETE	20 11/7	NDC1/0	Tool In You will	of complete of	DEIDEDED IN CE	Patiente
CERTIFICATION			ICH OPERATION WAS PE	KFORMED	20a. AUTO		CAUSES OF DEAT		ONSIDEKED IN CE	KIIFTING
I CEI	21d ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE		INJURY Manth Day Year		HOW INJURY OF	CURRED (Enter r	nature of injury in Port	1 or Part 2, I	tem IB.)	
MEDICAL	(If either, natify medical exam		Mailin Day 1601							_
M	21d. IN.URY OCCURRED 21 While Not while at work	B. PLACE OF INJURY	AT HOME, FARM, STREET FAI OFFICE BUILDING, ETC	TORY.) 214	LOCATION Stre	et ar R.F.D. No	City or Town		County	State
	220. I certify that (I) (t	his haspital) atte	ended the decease	ed from-	1-2.1	- , 19 €	1. to 7-1	, 19(	, 4 , that	(I) (we) last
	saw the deceosed couses stoted obov	arive an		964,0	and that in (m	ıy) (aur) apin	ian death accurre	d an the do	te ond hour o	and from the
	22b. SIGNATURE				ATTEND	NG ME	D STAFF	_	DATE SIGNED	1 70/0
	-74	4117	mulia	DI	EGREE PHYS		RECTOR PHYS	L Fe	bruary	4,1969
	22d PHYSICIAN'S NAME (Type)	R. Marti	n M D		22e. ADI		et Street,	Freder	ick. Mc	1.
00.				CEMETERY	OR CREMATORY		23d LOCATION (City of			
Z30.	201101111111111111111111111111111111111	. DATE b. 6, 196			t Cemete		Frederick		(County)	(State)
24	FUNERAL DIRECTOR		ADDRESS			25a. REC O BY		REGISTRAR S		- 4 # 14
	M. R. Etc	hison & S	on, Frederi	ck,	Md.	DATE FE	b 7 1969	1 me	mias yo	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed-within 24 hours after deeth. TO FUNERIL MIRICTOR: After this certificate has been signed by the ottending physician and complexity filled in by the director, page 3 should be detached for use as the buriof-transit permit. Then please remove arbon papers. Pages should be filed with the State Dept of Health prior to buriof, cremation, or removal, and in any event, within 72 hours after Page 4 may be retained by the hospital or ottending physician.

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FOR STATE		12401		AL EXAMI					1201	02	397	
HEALTH DEPT.		ECEASED NAME Firs		Middle		LOST		20 DAT	E KNOWN  Month		Yeor	2b. HOUR
of ge	(	Type or Print) MARYBET	LE	(nmi)		McKAY		OF DEAT	H MATED K Feb	25	169	8p. N
y delay is , and 3 ta PM3. Page	3. \$	EX 4. RACE	5 DATE OF BII	RTH 6	AGE (In years last birthday)	F UNDER 1 YEAR MONTHS DAYS		RS 2c DAT	PRONOUNCED DEAD			2d. HOUR
2, and PM3. F		emale White	Sept.		46 YRS.				ruary Doy 25	Yeo	or 1969	M
E 64 C 824	FOUR	BIRTHPLACE (State or foreign	76. CITIZEN OF WI			RRIED NEVER	-	COUNTY OF				
2 2 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		West Virginia	U.S.	A.			OIVORCED 120 USUA	Frede	TICK  (Kind of work done	125 63	ND OF BUSE	Me NESS OD
after death.  3. Give Pages along with for with the State.				treet oddress)			during mo	ost of working	g life, even if retired.)	INDUSTR		NC33 OK
or der der der der der der der der der de		Frederick USUAL RESIDENCE (Where decea	Sed lived if institu	ution Residence h	eilers	OR TOWN	13d. INSIDE CTY LIMIT	Sewile	EET AND NUMBER			
V e & e e	0	droission) _STATE	13b. COUNTY Freder	ick	L	lerick	YES NO [		S. Jeffer	son S	Stree	t
haurs Hem Tand2 Office office		ATHER S NAME First	Middle		Lost	IS. MOTHER'S A	MAIDEN NAME	First	Middle		Lost	
A Property of the Property of		Ε.	L.	Whit	te		Vira	ginia		Ste	evens	
	160	WAS DECEASED EVER IN U.S. ARMED	FORCES?	16b. SOCIAL SECUR		7 INFORMANT			ADDRESS			
		es, no, or unknown) (If yes giv	war er dates of service)		J	ohn W.	McKay, JI	r. Free	derick, Ma	rylar		
		1B. CAUSE OF DEATH (Enter or		ine for (o), (b), and	d (c).)					Be	TWEEN ONSET	AND DEATH
be executed 'pending'' ir lef Medical   nsit permit.		PART I. DEATH WAS CAUS!	D BT: ATE CAUSE (0)	Chemi	cal in	toxicat	tion					
f My f With bent		Conditions, it/any, which gove	DUE TO, OR	AS A CONSEQUENC	CE OF							
d "be d "p Chie rrans y ev		rise ta immediate cause (a),	(b)	R AS A CONSEQUENC	25.05					-		
should be executed to ward "pending" is a the Chief Medical burial-transit permit.		stating the underlying cause last.	1000 10, 0	C NO M CONDEQUENC	LE UF							
s certificate should be executed e, writing the ward "pending" in farwarded to the Chief Medical E used as a burial-transit permit. Femoval, and in any event within		PART 2. OTHER SIGNIFICANT CON	(t) TURIRITADO ZACUTIO	ING TO DEATH BUT	NOT RELATED	TO THE TERMINA	AL DISEASE OR COM	O TIÓN GIVEN	IN PART 1(a)			
This certificate visate, writing the be farwarded to do be used as a bor removal, and	_	2. 07					7. 2.02.102 41( 0011					
certiil arwar used mova	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION F		RATION				20	O. AUTOPSY	?
0 0 1				WAS PERFOR	MED?						YES X	NO 🗌
	1 5	21o. EXTERNAL CAJSE WAS PRIMARY OR CONTRIBUTING		INJURY Month, Doy	, Year 2	1c HOW INJURY	OCCURRED (Enter	nature of inju	ry in Port 1 or Part 2,	Item 18.)		
EXAMINER: T cute the certification of the certifica	MEDICAL	CAUSE OF DEATH	P	.M.	19							
	E		PLACE OF INJURY ( octory, office building	(At home, form, str ng, etc.)	eet, 2	of LOCATION Str	eet or R F.D. No	CH	y or Town	Count	ty	Stote
EXAM cute the one 4 your your Page 1, crem		WHILE NOT WHILE AT WORK AT WORK				6 11	- Year					
_ e _ E E E		22o. I certify that I			_	e, held an 🛚 At Suicide 🔼	utopsy	Inspection	, , ,		ind in m	y opinion
please director retained or to b		death resulted from.	Natural cau	ses [], Acc	ident			<u> </u>	etermined manne 1			
TY blease y, please rad direct line retains AL DIRECT to prior to	1	ACTUAL	ap	12/	tali		CHIEF MEDICAL EXA ASSISTANT MEDICAL	_	22b <b>DA</b> 1	TE SIGNED		
OUTY, any, nero be be Pr		SIGNATURE				ACT 6	DEPUTY MEDICAL E	XAMINER T	1 26	FER	360	1
necessary, please as the funeral director. S may be retained in FUNERAL DIRECTOR Health prior to bur		NAME (Type) R.R.R.	Roberts,	Frederic	k Med.	Center	ADDRESS(Street, crt	tγ, town, or co	um1y)	,		
5 + + + + + + + + + + + + + + + + + + +	230		DATE	23c NAM	E OF CEMETERY	OR CREMATORY	1	23d. LOCATIO	N (City or Town)	(County	() (51	tote)
			rch 1,19			et Cemet		Frede		deric		Md
VR ATSME (5)	24.	FUNERAL DIRECTOR	anal		DDRESS -	/	DATE MA		369 REGISTRAR	2 ZIGNATU	Jud	ple
10M REV. 1/6R	1	M. R. Etchi:	son & Soi	a. Freder	rick. M	amuland	DATE WIAT	1 2	000		4	,



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Try the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Rages 1 and 2 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

be executed within 24 haurs after death.

**10 HOSPITAL OR ATTENDING PHYSICIAM:** The law requires that the death certified

Page 4 may be retained by the haspital or attending physician.

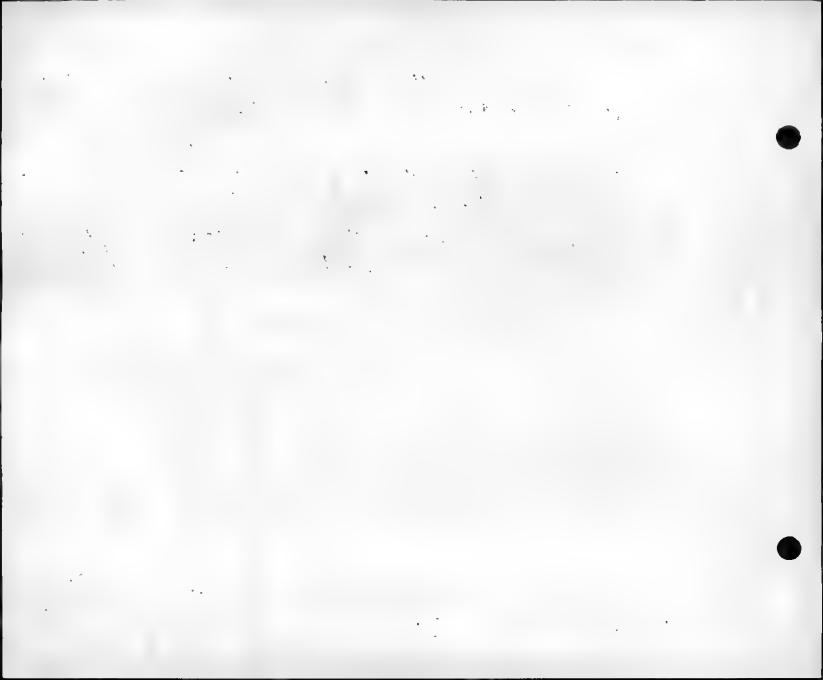
## MARYLAND STATE DEPARTMENT OF HEALTH

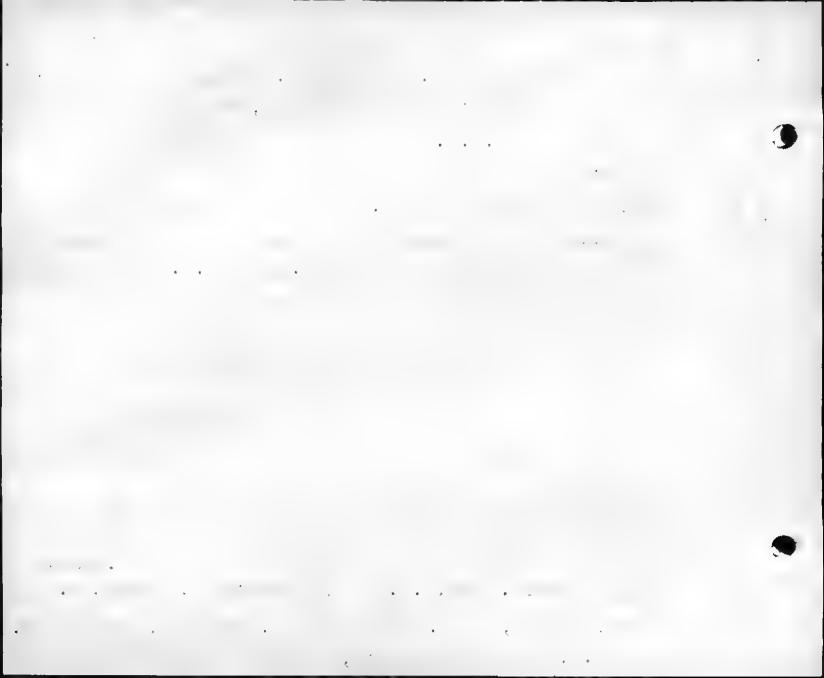
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			HA TO W				CERTIF	ICATE OF	DEATH				- 17	~
death.			ECEASED NAME	First		Middle		Lost		20 DATE	OF DEATH	D	v	2b. HOUR
death		10	(ype or print)	Mary		Bertha		Miller			Feb. 7.	1969	Yeor	4-A M
nn 72 havrs after		3 SE	X		4. RACE			S. DATE OF I	BIRTH		6. AGE (In y lost birthd	eors	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
2			Female		Whit			Sept	23. 1	898	70	YRS.	MUMINS DATIS	FIGURS MIN
	ı	7o. I	BIRTHPLACE (State or fo	reign :	7b. CITIZEN OF WHA	IT COUNTRY?		D NEVER MA		9. COUNTY	OF DEATH			
1		Fr	rederick Co	Md.	U.S.A.		WIDOWE		DRCED 🔲		derick			Md.
			ITY OR TOWN OF DEAT	1	11 NAN	AE OF HOSPITAL OR IN		f not in hospital	12o USU/		ION (Kind of wor inglife, even if r		12b KIND OF E	BUSINESS OR
			mitsburg,			R.1	0.#2			House	ewife -			
	11,	odmi	USUAL RESIDENCE (Who		13b. COUNTY	n. Residence before			AEZ NO	O 25 136	STREET AND NUI			
		14.6	ission) STATE Md.				Hamma 1	sburg			R.D./			
•	- 1	14. 1	FATHER'S NAME Fit		Middle	Lost			MAIDEN NAME F	TIEST	N	Niddle		Lost
		140	J C WAS DECEASED EVER II	hn	D concess 11	Topper  166 SOCIAL SECURITY		Ann Ann	nie			ddress	Zurga	ble
					nr dates of service)				Th.	27				
			140			21/1-32-119		ns. Man	TODD	er. B	ministrasiono.	iù Mi	APPROX.W	RATE INTERVAL
			18 CAUSE OF DEATH PART I. DEATH W						D.7/1	dian.	are-	100	BETWEEN OF	NSET AND DEATH
			e' , an	IMMEDIAT	E CAUSE (o)	recrise			-		and a	Mel	DE P	vure
			Conditions, if only, wh	ich anve )	DUE TO, OR AS	A CONSEQUENCE OF	to	mol	lila	- 1	12	we	cal Wo	28111
			rise to immediate co	use (o), (	(b)	A CONSEQUENCE OF	OKER	71400			,		1	
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			PART 2 OTHER SIGNIF	ICANT COND	***************************************	NG TO DEATH BUT N	IOT RELATED	TO THE TERMIN	AL DISEASE OR (	CONDITION G	GIVEN IN PART 1(o	)		
		-												
		CERTIFICATION	190. DATE OF OPERATIO	N 19b. C	ONDITION FOR WHIC	H OPERATION WAS PE	ERFORMED	20a. AUT	OPSY?		o. IF YES, WERE FI	NDINGS CO	NSIDERED IN CE	RTIFYING
	5	ĬĔ.						YES	] мо [	CAI	USES OF DEATH?			
	Α,		210 ACCIDENT WAS U			INJURY Month Day Year		HOW INJURY O	CCURRED (Ente	r noture of	injury in Port 1 o	r Port 2, It	em 18.)	
		MEDICAL	(If either, notify medi-	ol exomine	er) P.M.	1	9							
		₹	21d INJURY OCCURRE While Mot while	21e. F	LACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f	LOCATION Stre	eet or R.F.D. No		City or Town		County	Stote
			BOT WORK DT WORK T	_   _				2		0	41			
			22a. I certify that saw the dec	t (I) (this	haspital) atter	ided the deceas	ed from_	flll	, 19 <u>-</u>	20, to.	reag	, 19&	2/, that	(I) (we) lost
			couses state	d above,	ve an (did) (did) (did)	did not) view the	bady offe	r death.	ny) (aur) opi	inion dea	in occurred or	i the dat	e ana naur c	and from the
			22b. SIGNATURE	W	R Wa	100	DE	GREE PHYS		MED.	STAFF C	22¢ D.	ATE SIGNED	60
			22d. PHYSICIAN'S					22e. AD		THE TOK	11110.		/	-/
			NAME (Type)	r. W.	R. Cadl	e			Em	mi.tsb	urg, Mar	yland	11	
		23o.	BURIAL, CREMATION,	23b. D	ATE	23c. NAME OF	CEMETERY (	OR CREMATORY		23d. LOC	ATION (City or To	wn)	(County)	(Stote)
			REMOVAL (Specify)	Fer	10. 19	69 New St	Jos	seph's		Emmi	tsburg F	rcde	rick Co	Md.
1	R	24.	FUNERAL DIRECTOR /		2011	ADDRESS	5		2So. REC'D E	BY REGISTRA	R 255. RE	GISTRAR S S	SIGNATURE	
	9		- marina	unc	TO WIL	Eminj	tsbur	g. Md.	DATEB	TO,	1969	man participant	on Joer	gr.



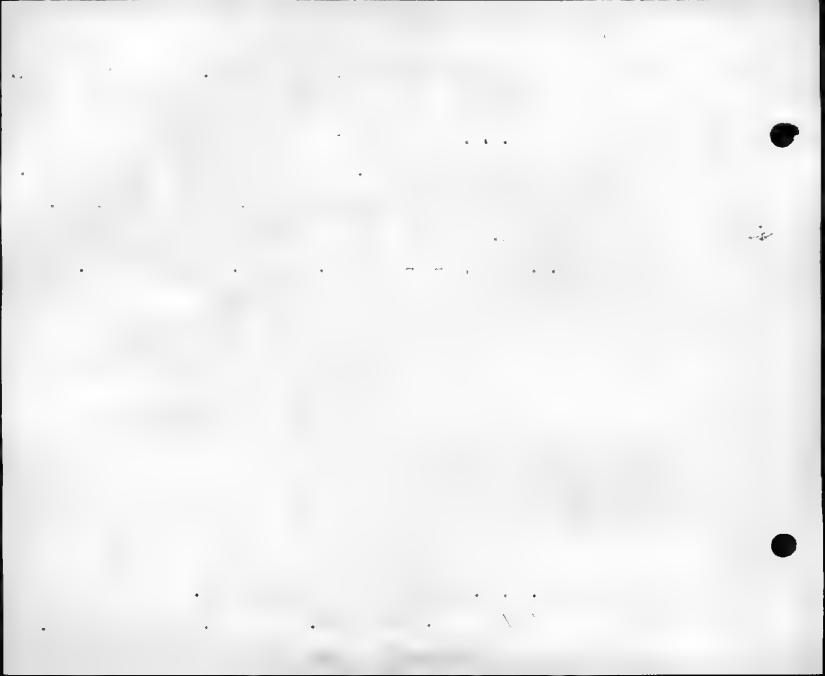




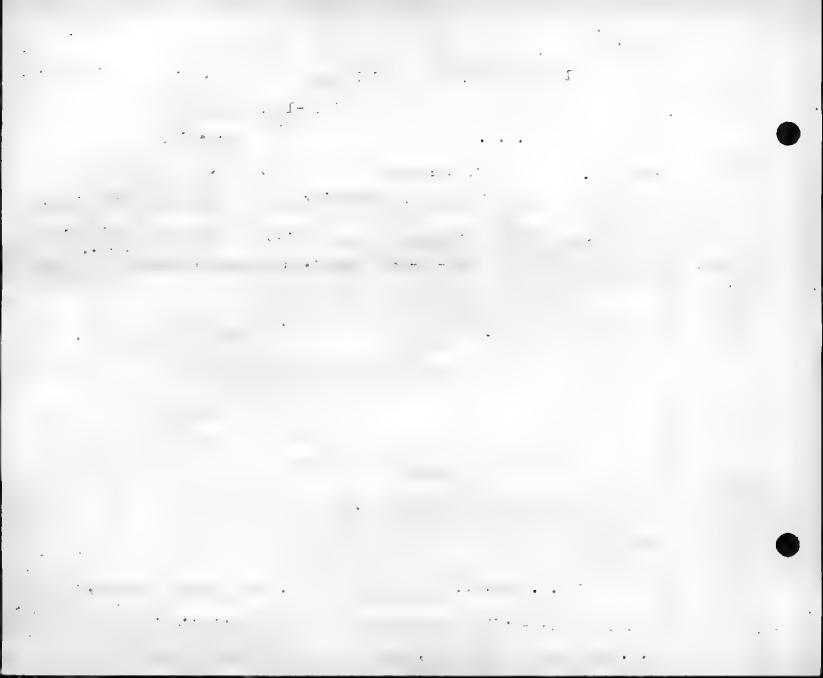
MARYLAND STATE DEPARTMENT OF HEALTH 02405 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02401 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Inst 2n. DATE OF DEATH 2b. HOUR and 2 requires that the death certificate be executed within 24 haurs after death. Feb. (Type or print) Daisy Maggie Chler Iren**e** IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years last birthday) HOLIS 1876 Female White August 2. 7b. CITIZEN OF WHAT COUNTRY? 7o, BIRTHPLACE (State or foreign 9. COUNTY OF DEATH B MARRIED | NEVER MARRIED Carroll Co.Md. ysiteors and campletely filled in Frederick WIDOWED 127 DIVORCED [ U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUA, OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, eyen if retired)
Housewife give street address) **INDUSTRY** carban W Emmitsburg East Main Street 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Frederick admission) STATE YES Maryland Emmi.tsburg 311 East Main Street femove Middle 14. FATHER'S NAME M.ddle Lost 15. MOTHER'S MAIDEN NAME First Uriah David Palmer Margaret A. E. Fleagle 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) ( fiyes give war or dates of service) 218-50-7059 Q, Mrs. Nina G. Givens, 311 E. Main. Emmitsburg signed by the attending burial-transit permit. Th 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M (If either, notify medical examiner) ( AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY State City or Town County While Not while at work at work 220. I certify that (1) (this hospital) attended the deceased from ///8/ saw the deceased olive an 8/15-/Cel 19 and that in (my) (our) opinian death occurred on the date and hour and from the directar, page 3 shauld shauld be filed with the causes stoted obove, (1) (we) (did (did nat) view the bady after death. 22c DATE SLONED 22b. SIGNATURE ATTENDING PHYS DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Emmitsburg. Md. Géorge L. Moringstar 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION, REMOVA. (Specify) March 3. 1969 Mt. View Cemetery Emmitsburg. Frederick Co.Md. 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR Emmitsburg, Md. Clarence



7 1	DI DI		ID STATE DEPARTMENT OF H					
-	02406 P		. 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MUKE, MARTLAND 21201	02402			
deoth nerol ond 2 death.	1. DECEASED-NAME (Type or print)  TAMES	ANDREW	PENROSE	PEB Month 11 Doy	1969 6A.			
ours after deoth by the-funeral Pages I and ours ofter death	MAIE	RACE WHITE	5. DATE OF BIRTH 2/1/192'	6 AGE (In years last burnhou)	IF UNDER 1 YEAR F JINDER 24 HRS MONTHS DAYS HOURS MIN			
4 hour d in by pers. P	70 BIRTHPLACE (Stote or foreign County) COUNTY JERSEY	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH FREDERICK	M			
xeculed within 24 hours after deoth completely filled in by the-funeral nove corban papers. Pages 1 and 3 ny event, within 72 hours offer death	ID. CITY OR TOWN OF DEATH FREDERICK	FREDERICK	STITUTION (If not in hospital 120 USLA MEM . HOS PIT ATING m)	L OCC. PATION (Kind of work done	12b KIND OF BUSINESS OR			
executed complet complet any event,	130 USUAL RES DENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER Odmission) STATE AND WASHINGTON HAGERSTOWN YES NOW 2222 CLOVE I							
2 5 2 1	14. FATHER'S NAME First  JOSE PH	Middle Lost A. PENROSE	15. MOTHER'S MAIDEN NAME FI BEATR	ICE DRI	SCOLE			
160 WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes no of unknown)  W.W.#2  16b SOCIAL SECURITY NO. 17 INFORMANT  Add AGERS 1  136-20-7090 MRS. JANET C. PENROSE MD.								
eath ce ending nit. The	18. CAUSE OF DEATH (Enter on y or PART I DEATH WAS CAUSED BY IMMEDIATE C		Graid Hemorcha	ar and	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH  8 hours			
t the d the oth sit permation,	Conditions, if ony, which gove prise to immediate couse (o).	DUE TO, OR AS A CONSEQUENCE OF	ratie Snewyour	arile of Will	14 3.			
res tha rsician. ned by ial-tron ial, crer	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		,				
The law requires th ottending physician. has been signed by se as the burial-troit prior to burial, are		ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(o)				
IG PHYSICIAN: The law req the hospital or ottending p r this certificate has been si detached for use as the b te Dept. of Health prior to b	RTIFICA	NEON FOR WHICH OPERATION WAS PI	YES 🔀 NO 🗆	20b IF YES, WERE FINDINGS CO				
HYSICIAN: hospital or certificate iched for u	OR CONTRIBLTING CAUSE OF CEATH (If either, notify medical examiner)		9	noture of injury in Port 1 or Port 2,	Item 18.)			
5 PHYSIC the hospi this certi detached e Dept. o	While Not while of work	COFFICE BUILDING, ENC	CTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town	County State			
ATENDING PHYSICIAN: The law requires that the death certificate stained by the hospital or ottending physician.  CTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health prior to burial, aremation, or removal, onc	220. I certify that (I) (this he sow the deceased above (I)	ospitol) ottended the deceos on	ed from Fall 10, 196 1969, and that in (my) (our) apir	9, to February, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	69, tho(1) (we) los te ond hour ond from the			
OR ATT OR ATT DIRECTO SIRECTO e 3 shot ed with	22b. SIGNATURE	Willia.	/ ATTENDING TO THE	D STAFF 22c. I	DATE SIGNED			
TO HOSPITAL OR ATTENDING Page 4 may be retained by the form of the form of the form of the filed with the Stote	22d PHYSICIAN S NAME (Type) DR	W. J. RIDDIC	K 22e ADDRESS FREDER TO		711,1107			
TO HOSPITAL of Page 4 may b TO FUNERAL D director, page should be file	236 RUR AL (REMATION, 236 DATE 27	3/69 ST. T	CEMETERY OR CREMATORY HOMAS CEM.	23d LOCATION (City of Town) ST. THOMAS	(County) (Stote)			
VR A15 (4) 45M 1/69	W. J. Morine	ut Hours	bun Red. DATE	registra 59 256 registrar's	SIGNATURE			

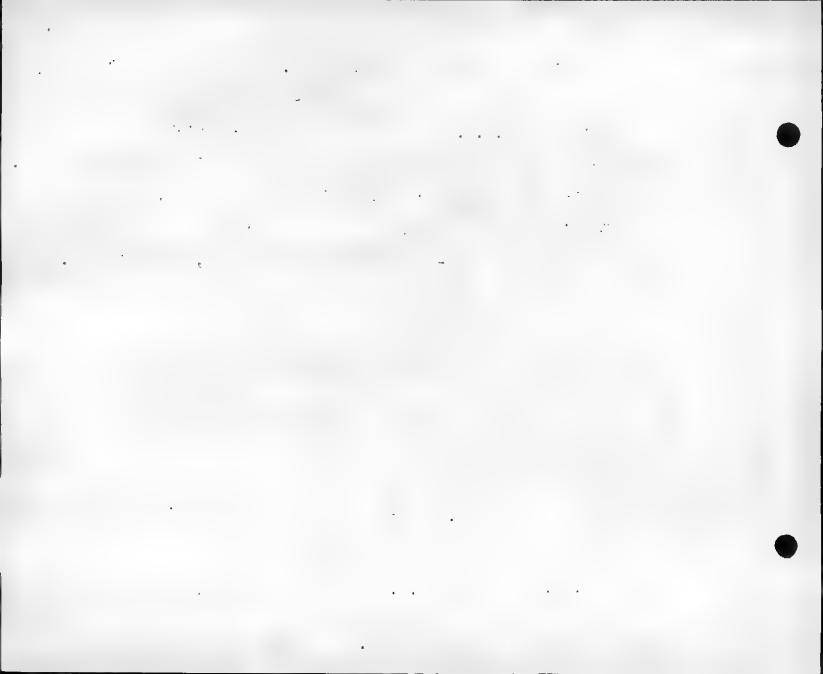


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02403 CERTIFICATE OF DEATH DECEASED-NAME Lost 2g DATE OF DEATH 2b. HOUP Mary Elsie requires that the death certificate be exacuted within 24 haurs ofter death. (Type or print) Month illed in by the funeral popers. Podes & und Pesey Many February 3. SEX DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthday) HOURS 6-21-1898 Hame la 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? country) 9. COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED U.S.A. DIVORCED WIDOWED [ Frederick physician and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired ) give street oddress)
306 Madison St **INDUSTRY** Frederick 13a. JSUAL RESIDENCE (Where deceased lived, if institution, Residence before (130. JSDAL RESIDERATE MICHAEL 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER ever 13b COUNTY Frederick YES X Frederick NO 🗔 306 Madisan Street in any 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Margaret Williams Mary Issaec Pesev and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Fred . Md (If yes give war or dates of service) Yes, na, ar unknawn) or removal. the attending phys 220-30-8818 Bessie Gravson 306 Madison Street 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY. ( t deman IMMEDIATE CAUSE (o) buriol, cremotion, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if ony, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to hos been CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO C be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) CALSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 22o. I certify that (I) (this hospital) attended the deceased from for 1965, to 1965, to 1967, that (I) (we) last sow the deceased olive on 2-3, and that in (my) (our) apinian death occurred on the date and have and from the causes stated abave, (i) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR director, poge should be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) U.G. Bourne. Jr 30 W. All Saints St.Fred.Md 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Burial (Specify) Ma Frederick Fred 2-7-1969 Fairview 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 30M REV. THE C.E. Hicks, 111 Frederick, Md



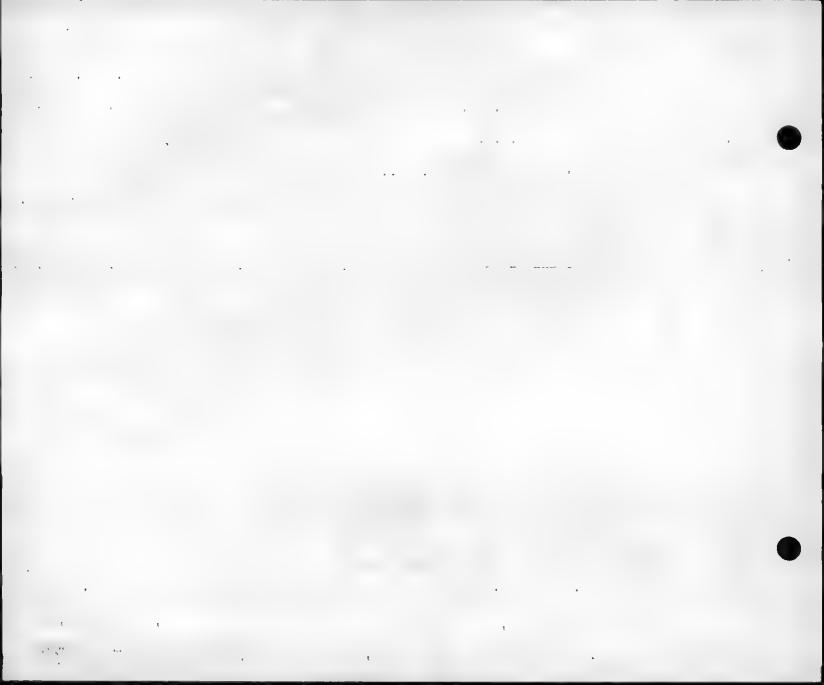
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02408 02404 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove corton pages. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death. within 24 haurs after death Manth 2 Day 28 Year 9 (Type or print) Lertie Rebert Pewers Jr. 3. SEX 4 RACE 5. DATE OF BIRTH 6-20-21 6 AGE (in years IF JINDER 1 YEAR IF UNDER 24 HRS. white male (ast birthday) ZHTROM 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Frederick Virginia U.S.A. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST. TUTION (,f not in haspital gave streef ordies)) Fast Peterse 120. USUAL OCCUPATION IK nd of work dane 126 KIND DEBUSINESS OR R.R Brunswick 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d MSIDE Indmission) STATION 13b. COUNTROCK PRODUCT Brunswick YES 13d. NSIDE CITY LIMITS? Secured admission) STAMaryland 13b. COUNTFrederick 15 MOTHER'S MAIDEN NAME First Nellie 14 FATHER'S NAME Mc Loughlin First Middle Lertie Rebert Pewers OR ATTENDING PHYSICIAN: The law requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) 219-12-0559Betty Jane Pewers, Brunswick, Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

Acute Coronary Thrombosis sudden DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) (b) Angina Pectoris week rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause M Anxiety & Depression vear PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. af Health prior to 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NO F CAUSES OF DEATH? YES 🖂 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d NURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET FACTORY.) 22F. LOCATION Street or R.F.D. No City or Town County State White Nat while at wark 22a. 1 certify that (1) (this haspital) attended the deceased from Jan. 2 , 1967, to Feb. 28, 1969, that (1) (We) last saw the deceased alive an Feb. 28 1969, and that in (my) (SW) apinian death accurred an the date and haur and from the causes stated above, (1) (ve) (did) (did not) view the bady after death. 22b SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS. 22e. ADDRESS Gum Spring Hollow 22d PHYS CIAN S NAME (Type) T. Byron Kao, M.D. Brunswick, Maryland 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City are Tawn) 230 BURIAL, CREMATION (Caunty) (State) REMOVAL (Specify) 24 FINERAL DIRECTOR FOR THE FUNCTION OF THE PROPERTY OF THE PR 2Sa. REC'D BY REG STRAR 25b REGISTRAR S SIGNATURE Brunswick. Md. VR A15 (4) Polisner Judge Frete Fineral Home



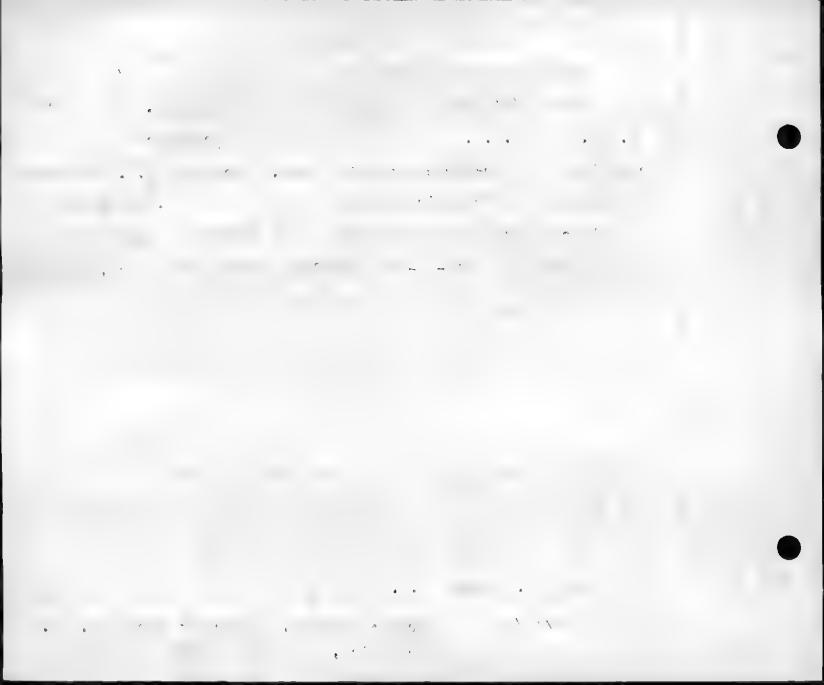
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02409 CERTIFICATE OF DEATH 02405 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR executed within 24 haurs after death burial, cremation, or remaval, and in any event, within 72 hours after death funeral and (Type or print) SEX DATE OF BIRTH 6 AGE (in years IF UNDER IF UNDER 24 HRS by the ... the lost Inribatoy) DAYS HOURS MONTHS 2 (no.1 YRS 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Dabers. country) .⊆ DIVORCED MIDOWED marulena filled 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during mest of working life, even tretired ) INDUSTRY remave carban campletely 30. SUAL RESIDENCE (Where deceased lived, if institution Residence before 13d JNS-DE EITY L MITS? 3e STREET AND NUMBER odmission) STATE MOR FATHER'S NAME First Middle Losi 15. MOTHER'S MAIDEN NAME First Middle DAID CIPA Lost PHYSICIAN: The law requires that the death certificate be please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT physi Yes, no, or unknown) ("I yes give war or dates at service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY permit IMMEDIATE CAUSE (o DUE TO, OR AS A the Conditions, if ony, which gove has been signed by the se as the burial-transit rise to 'mmediate couse (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO, OR stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SERMINAL DISEASE OR CONDITION director, page 3 shauld be detached far use as the should be filed with the State Dept of Health priarta CERTIFICATION 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY ) 21f. LOCATION Street or R F D No City or Town County Stole While Not while at work L of work 22a. I certify that (1) (this haspital) attended the deceased from I & D 1000 saw the deceased alive an\_ 1969 and that in (my) (aur) apinian death accurred an the date and haur and from the (we) (did) (did nat) view the bady after death. causes stated above. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o BURIAL, CREMATION 23b. DATE NAME OF CEMETERY, OR CREMATORY (Stote)

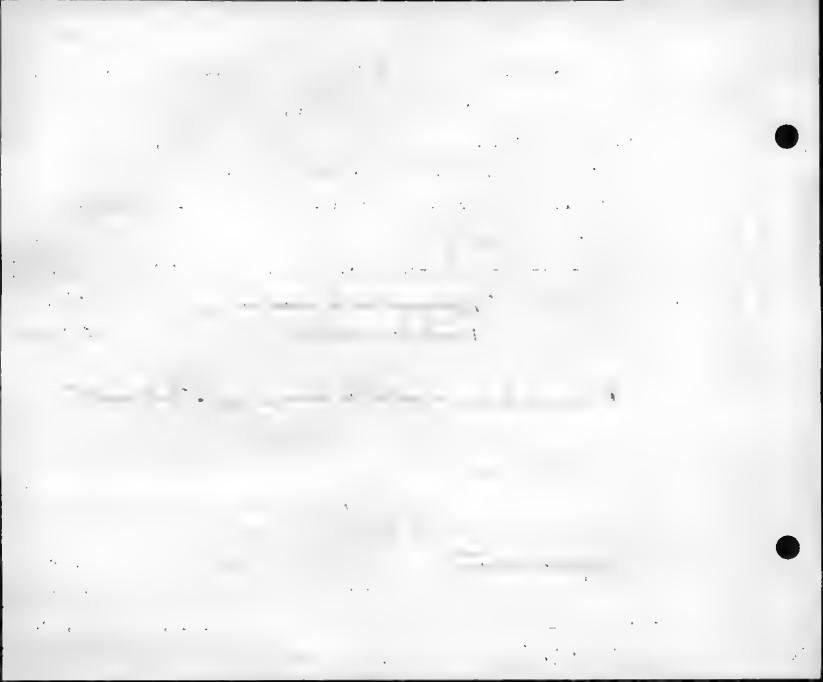




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ded	funeral and 2 let death.		Hele	a Gura	una Ite	adsa!	Feb. Month 20 Doy	1969" 2:20 M
6		3. 5		4. RACE		OF BIRTH	6 AGE (In years	IF JNDER I YEAR IF JNDER 24 HRS
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age.	A TOP	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED 🔼 NEVE	R MARRIED 9 CC	OUNTY OF DEATH	
24 1	d ir		Md.	U.S.A.	WIDOWED	DIVORCED	Frederick	Md
within 24 haurs after death	調を達	10,	CITY OR TOWN OF DEATH	11 NAME OF HOSPITA	L OR INSTITUTION (.f not in has		CUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
wit	bar bar		Frederick	Frederic	k Mem. Hospit		working to even if ret.red) ered Nurse	INDUSTRY
Executed I	signed by the attending physician and completely filled in by-the signed by the attending physician and completely filled in by-the bornal-transit permit. Then please remave carban papers. Pages burial, crematian, or remaval, and in any event, within 72 haussall	13o.	USJAL RESIDENCE (Where deceos ission) STATE Md.	ed lived, if institution Residence 13b COUNTY Freder	before 13c. CITY OR TOWN	3d INS DE CTY JUMJES? YES X NO X	305 Broad St.	
1	emo any	14	FATHER'S NAME First	Middle	Lost IS MOTHE	R.S. MAIDEN NAME First	Middle	Lost
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ate	olea; an	160	. WAS DECEASED EVER IN U.S. ARM				Address	
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9	E H		18. CAUSE OF DEATH (Enter on	y one couse per line for (a), (b),	ond (c).)	~~>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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90	signal and		PART 2 OTHER SIGNIFICANT CON	ID TIONS <u>CONTRIBUTING TO DEATH</u>	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDI	RON GIVEN IN PART 1(0)	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be	figures of the state of the sta	CERTIFICATION	170. DATE OF GPENATION 170.	JONDINON FOR WHICH OFERATION		AUTOPSY?  ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	DNSIDERED IN CERTIFYING
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0	TO SUCH THAT WE RECURE After this carificate director, page 3 snould be detached for use should be filed with the State Dept. at Healt		RECEIVED Fel	0.23-1969 Ref	ormed Cemeter	y M	iddletown- Md.	21769
	VR AIS	24.	FUNERAL DIRECTOR To fluor M.R. Etchison &		ick, Md.21701		4 1969 PEGISTRARS	SIONATURE MARIA
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02414 02410 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 house after death. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) ABRAHAM ACOB 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) APRIL 22 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED med in country) USa WIDOWED [ DIVORCED [ FREDRICK USSIA 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address) **INDUSTRY** signed by the attending physician and completely burial-transit permit. Then please remave carbon TRE DERICK 220 N. 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER The law requires that the death certificate be executed 13b. COUNTY YES 220 N. MARKE FREDERICK 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First SOLOMON FREIDER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address (gs, no, or unknown) I (If yes give wor or dates of service) 214-10-34 come APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) } PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) traver Conditions, if ony, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to l O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) PM 21d, INJJRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (i) (this hospital) attended the deceased from 24 fam., 1969, to 1 Fam., 1969, that (i) (we) lost saw the deceased alive on 27 fam. 1969, and that (my) (our) opinion death accurred on the date and hour and from the P causes stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 shauld be filed v DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) REDERIC 23c NAME OF CEMETERY OR CREMATORY. 23d LOCATION (City or Town) BURIAL CREMATION (County) (Stote) REMOVAL (Specify) 2Sa REGISTRAR'S SIGNATUR 1969





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02416 CERTIFICATE OF DEATH 02412 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOUR be executed within 24 hours after deoth. (Type or print) Stocksdale Murray 3 SEX 4 RACE S. DATE OF BIRTH 1890. 6 AGF (In years IF UNDER 24 HRS. White Male lost bythoay) HOURS and completely filled in by the signed by the attending physician and completely filled in by the buriol-tronsit permit. Then please remove carbon payers. Page burial, cremation, or removol, and in any event, within 72 hours at 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Maryland USA Frederick. WIDOWED KIK DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Trederick Nursing Center Hettred Accountainted Frederick INDUSTRY 130 USUAL RESIDENCE (Where deceased ived, it institution. Residence before 13c CITY OR TOWN Thurmont 13e STREET AND NUMBER 20 Lombard Street admission) STATE 13b COUNTFrederick IS. MOTHER'S MAIDEN NAME Eirst Helen 14. FATHER'S NAME Stocksdale First Middle Stouffer Clayton Mrs. James Ely, 1615 Northwick Rd. Balto. Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 060-09-4591 certifical Yes, no, pr unknown) [ (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) The law requires that the death PART I. DEATH WAS CAUSED BY **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attendant director, page 3 should be detached for use as the buriol-transit permit should be filed with the State Dept. of Health prior to burial, cremation, or r IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (o), Page 4 moy be retained by the hospital or attending physicion. stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO -21a. ACCIDENT WAS JNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work causes stated above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery 23g BUR AL CREMATION 235 DATE 23d LOCATION (City or Town) (County)
Baltimore, Md. (State) REMOVAL (Spenty) 2/22/69. 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATUR Leonard J. Ruck, Inc. Balto. Md. 21214 1969

MARYLAND STATE DEPARTMENT OF HEALTH



02413

I. DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR P (Type or print) Alice Month 69 Year G. Feb. Summers 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE ( n years IF JNOER 1 YEAR IF UNDER 24 MRS BLL Female White April 29- 1884 MONTHS HOURS hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔲 NEVER MARRIED 🗌 signed by the ottending physician and coordietely filled in burial-transit permit. Then please remove corbon popers. burial, cremation, or removal, on I in ony event, within 72 ha country) Md. U.S.A. WIDOWED TO DIVORCED [ Frederick 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 SUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) Larke Honemaker ( even if retired ) INDLSTRY Frederick Place 13a. USDA. RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Md. YES 🔀 4 Clarke Place Frederick Frederick NO 🗔 14. FATHER'S NAME First Middle Lost S MOTHER'S MA DEN NAME First M ddle Lost Charles C. Coblentz Emma F. Ropp 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes 90 or unknown) 211-10-2101B Harold C. Summers- Knoxville-Md. APPROXIMATE INTERVA. 18 CAUSE OF DEATH (Enter only one cause per line/for (o), (b), and (c)) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR ASTA, CONSEQUENCE OF Canditions, if any, Which gave) rse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town County State While | Nat while | at wark causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF Feb. 12-1969 DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BUR AU CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Feb. 11-1969 Middletown- Md. 21769 Reformed Cemetery ADDRESS Whetmore. 24. FUNERA. DIRECTOR Eliman 250 REC D BY REGISTRAR 25b REDISTRAR'S SIGNATURE

Frederick, Md.21701

O HOSPITAL OR ATTENDING PHYSICIAM: The law requires the Page 4 may be retained by the hospital or ottending physician.

M.R. Etchison & Son

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execu

ATTENDING PHYSICIAN: The law requires that the death certificate



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24 h	illed in papers hin 72 h	Į.	Adams Co. Pa. U.S.A.  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INST				WIDOWED DIVORCED Frederick				N	
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AN:	far He He	ZA CE	21a. ACCIDENT WAS UNDI	OF OEATH HOUR	TIME OF INJURY R A.M. Manth Day Year	21c. HO\	₩ INJURY OCCI	URRED (Enter	nature of inju	y in Port 1 or Port 2,	Item 18.)	
SICI	ertif led r. af	100	(If either, notify medical e	xaminer)	P.M. 19 NJURY ( AT HOME FARM, STREET, FAC		ATION Charact	L D C D. No.	Con	or Town	County	State
PHYSIC the haspi this certi detached e Dept. a			While Not while at wark	ZIB. PLACE OF IT	OFFICE BUILDING, ETC.	211 100	ATION STEEL	i di K.r.D. No	CIIY	oi towii	Coolity	31010
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N P	A P o		saw the deceas	ed alive an_	dia) did not) view the	9, and	that in my	n(our) opir	nion deoth (	occurred on the do	te ond hour	and from th
TTE tain	######################################		22b. SIGNATURE	bove,((1))(we)	did not) view the	body offer de	901N.			224	DATE SIGNED	1
OR / be re	DIRECTOR: ge 3 shaul led with th		Ju	eul P	Moning	DEGRE		DI	RECTOR	STAFF PHYS. $\square$	1-14/	19
TO HOSPITAL OR ATTENDIN Page 4 may be retained by	9 9 4		22d. PHYSICIAN S NAME (Type)	Peorge	L. Moringstar		22e. ADDR	nmitsbı	arg, Mo	١.		
HOS	o FUNERA director, p shauld be	23 o	BURIAL, CREMATION,	23b. DATE		CEMETERY OR C			1	N (City or Town)	(Caunty)	(State)
<b>5</b> 0	<b>2</b> € €			Feb. 7.	1969 New St	Josen	phis C	atholic	Danna	sburg Fred	derick	Co. Md.
	VR ATSUND	24	FUNERAL DIRECTOR	- C C	21/10 Ann ADDRESS					JE 4700 W	SIGNATURE	100
	30M REV. DIS		Clarence E	Wilson	Wilsonmit	sburg,	Md.	DATE FEE	3 6 1	969 Proce	was you	-



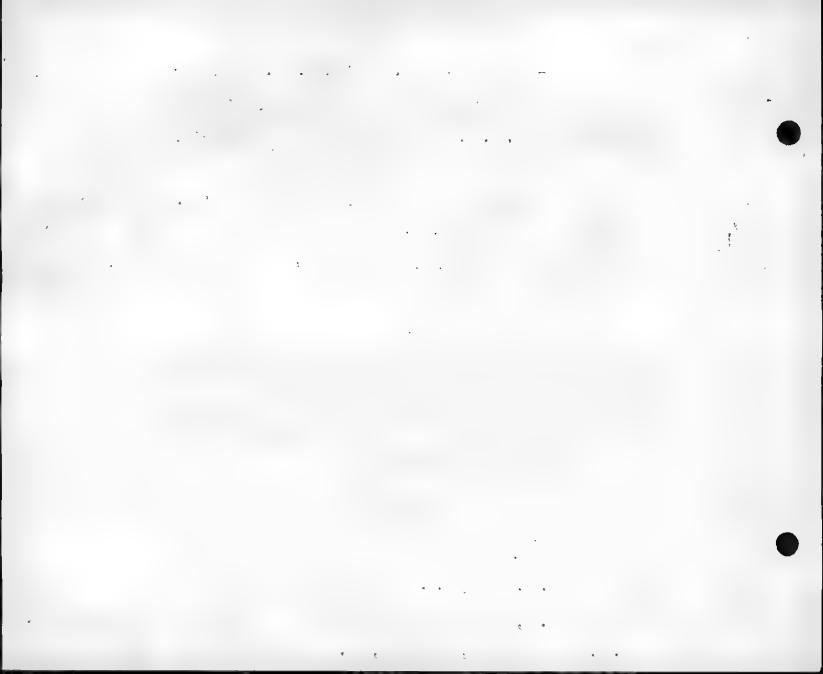
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82420 CERTIFICATE OF DEATH 02416 DECEASED-NAME 2a. DATE OF DEATH 2 Manth 15 Day 69 Yeor First M ddle Last **ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. 2b HOUR MEREDITH LORENZO (Type or print) WHISNER P complerely filled in by the fune love corbon papers. Pages I by y event, within 72 hours after de 3. SEX 4 RACE DATE OF BIRTH 6 AGE (In years late) OF LINDER 1 YEAR IF JNDER 24 HRS white male 76 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign COUNTY OF DEATH 8 MARRIED NEVER MARRIED country West Va. WIDOWED [ DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address OI Brunswick Stubboo of Rangline adetice) 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Brunswick **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician and completely find director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove corbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with INDUSTRY 130 USUAL RESIDENCE (Where deceosed lived if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 501 Brunswick St. 13d ENSIDE CITY LIMITS? odmissian) STAMaryland 13b. COUNTY Frederick Brunswick YESK IS MOTHER'S MAIDEN NAME First Nellie 14 FATHER'S NAME Middle Last Middle Smith Theedere Whisner Raymond Α. 160. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) 232-26-7912 Pearl I. Whisner-Brunswick, Md. [ I yes give war or dates of service] APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ane for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CALSED BY.
IMMEDIATE CAUSE (0) Corebral Metastatic Carcinoma davs 1541 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a (b) Abdominal Carcinomatosis 1 year rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause () Rectal\_Carcinoma 2 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 moy be retained by the hospital or attending 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO E YES 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (NAS NASONA) attended the deceased from FCD. 9, , 1969, ta FCD. 15, 1969, that (1) (NAS) last saw the deceased alive on FCD. 15, 1969, and that in (my) (NAS) opinion death occurred on the date and haur and from the causes stated above, (1) (NAS) (did) (details) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR STAFF PHYS DEGREE Feb. 17,1969 22d PHESICIANIC 22e ADDRESS NAME (Type) T. Byron Kao, M.D. Gum Spring Hollow, Brunswick, Md. 23c NAME OF CEMETERY DR CREMATORY

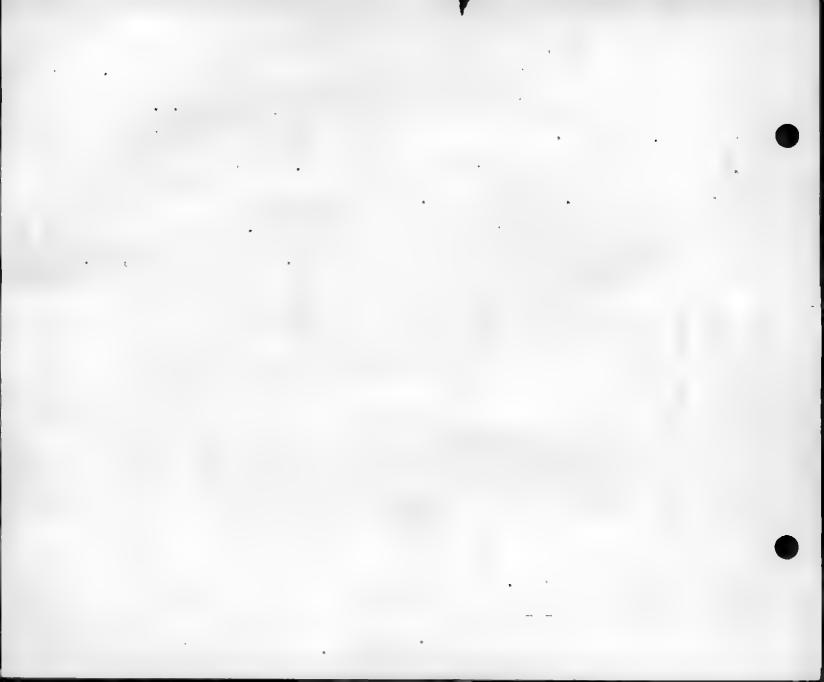
Mt.Nebe Church Cemetery 23a BURIAL CREMATION REMODILISME 23d DCATION (City or Town) 2/19/69 (County) Great Cacapen W.Va. Brunswick, Md. 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15 (4) 45M - 1/69 Feete Funeral Home DAFEB 2 0 1969



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0241 DECEASED-NAME First death. Middle Last 2a DATE OF DEATH 2b. HOUR TO ofter death and (Type or print) February II ---OTTO -Wiegand, Sr. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR ast birthday) MONTHS DAYS November 20,1888 Male White e executed within 24 haurs 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔼 NEVER MARRIED 🗔 Pennsylvania U. S. A. WIDOWED [ Frederick DIVORCED | burial, crematian, ar remaval, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 128 USHN OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Vindabona Nursing Home Braddock Heights 13a USJA, RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER admission) STATE Trederick YES Frederick 115 S. Market Street 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Last Middle Lost Slick Paul Wiegand Emma Jane please 16a WAS DECEASED EVER IN U.S ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address (if yes give war or dates of service) Yes, ng, ar unknawn) 220 18 1121 ARobert Wiegand, Braddock Heights, Maryland signed by the attending bhy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per l'ne for (o), (b), ond (c) )
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by thm #aspital mr attending physician. stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar tall CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗾 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d (NJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram\_\_\_ 19 , and that in (my) (aur) opinion death accurred on the date and havr and from the saw the deceased alive an \_\_\_ causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) A. T. Brice, M.D. Jefferson, Maryland 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BUR AL CREMATION, (County) (State) Feb. 7.1969 Frederick Frederick Md. Mount Olivet Cemetery ADDRESS Falely 2Sq. RECD BY REGISTRAR DATE FEB 10 19 24 FUNERAL DIRECTOR 256 REGISTRAR'S STEMATURE M. R. Etchison & Son, Frederick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02423 02419 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b HOUR (Type ar print) Month (7) 4. RACE 3. SEX 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) requires that the death certificate be executed within 24 haurs 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED W. S. A. WIDOWED [ DIVORCED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OF during mast of working life, even if retired.) give street address) Housework 13c. CITY OR TOWN 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 38. INSIDE CITY IJM TS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY YES P NO [ signed by the ottending physician and com buriol-tronsit permit. Then please removel buriol, cremation, ar removol, ond in ony ev ar removol, and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (If yes give war or dates of service) Yes, na, ar unknown) BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Artery Occlusion IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Arteriosclerotic Heart Disease 5 years rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Generalized Arteriosclerosis 5 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use as the t Heolth prior to b Diabetes Mellitus hos been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Do AUTOPSY? CAUSES OF DEATH? YES -IO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED ( AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21e PLACE OF INJURY City or Town County State While Nat while at work 19 69 , that (1) (wh) lost 220. I certify that (I) (this hospital) attended the deceased from sow the deceosed olive on\_ and that in (my) ( pinion death occurred on the date and hour and from the couses stated above, (I) (\*\*\*\*\*(did) (did \*\*\*\*\*) view the body after death. 22c DATE SIGNED 2/11/69 22b. SIGNATURE **ATTENDING** MED DIRECTOR director, poge 3 should be filed w DEGREE PHYS. 22e. ADDRESS Taneytown, Maryland 22d. PHYSICIAN'S McVaugh NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAK'S SIGNATURE 30M REV.



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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FOR	STA	\TE
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HEALTH DEBL. 2, and 3 to form PM3. Page Up of Department o

Give

in Item 18/

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the ward

the certificate, writing

This certificate should

DICAL EXAMINER:

l and 2 after forwarded to the Clief Medical Examiner's pages .5 0 be used

the funeral director. Page 4 5 may be retained for your 5 may be retained for your 10 FUNERAL DIRECTOR: Page Health prior to buriol, crem

1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) Wayne Dennis Young DEATH MATED [ Feb. 3-19 69 2d. HOUR 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2r DATE PRONOUNCED DEAD Feb. Day 3 Jan. 10- 1949 White Male YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED TO (auntry) U.S.A. WIDOWED [ DIVORCED [ Frederick Md. 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
DOA-Frederick Mem. Hospital during most of working life, even if raticed to the construction worker INDUSTRY Frederick 13e. STREET AND NUMBERFrederick, Md. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY Frederick Frederick IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Geraldine N. Kemp Austin U. Young-Jr. Frederick ADDRESS Md.21/OL-Apt.T-4 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na. ar unknawn) Mrs. Austin U. Young-Jr. Detrick Plaza Apts. 218-50-4067 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), DIJE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES KI NO F 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING MEDICAL SUGT CAUSE OF DEATH 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Town County factory, affice building, etc.) WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy A Inspection . Inquiry ond in my opinion Notural couses. Accident Suicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) Frederick-Md Robert J. Thomas NAME (Type) 230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Mt.Clivet Cemeterv Feb. 6-1969 Frederick, Md. 21701 24. FUNERAL DIRECTOR Elector ADDRESS The trueze 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE M.R. Etchison & Son Frederick, Md.21701 1969

